

For Development Office use only  
Reviewed by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Confirmation sent: \_\_\_\_\_  
Date funds received: \_\_\_\_\_  
Amt. of funds: \_\_\_\_\_  
Thank you letter sent: \_\_\_\_\_

**WAKE FOREST BAPTIST MEDICAL CENTER  
COMMUNITY FUNDRAISING EVENT FORM**  
*NOTE: EVENT MUST BE APPROVED PRIOR  
TO PUBLICIZING OR HOLDING EVENT*

**CONTACT INFORMATION**

Name of organization or company planning event: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Organization/Company website: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Is your organization: Nonprofit \_\_\_\_\_ For-profit \_\_\_\_\_

Briefly describe your organization or company:

**EVENT INFORMATION**

Is the event:  One-time event     Annual event     On-going project

Open to the public     By invitation only

Name of event: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Briefly describe the event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you choose Wake Forest Baptist Medical Center to be the beneficiary of your event?

\_\_\_\_\_  
\_\_\_\_\_

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Have you held a fundraising event before? Yes\_\_\_\_\_ No \_\_\_\_\_

Do you need a letter of support from us? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you plan on using the Wake Forest Baptist Medical Center logo? Yes\_\_\_\_\_ No\_\_\_\_\_

*If yes, please read the event guidelines on proper usage.*

Do you or the event have a Facebook page? Yes\_\_\_\_\_ No\_\_\_\_\_

How will you promote this event?

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How will the funds be raised? *Please use attached fundraiser proceeds form when you turn in money.*

Ticket Sales    Sponsorships    Auction/Raffle    Other \_\_\_\_\_

*\*Please attach information on sponsorships including full amount of sponsorships and fair market value of goods and services received. Please be aware that monies given to purchase tickets, auction items, raffle tickets, food, etc. are not considered charitable gifts. If someone makes a payment that is partly a gift and partly in consideration for goods or services, that person will receive a receipt for the gift amount only; the value of the goods or services received is not tax-deductible.*

Who will you solicit?

Friends    Family    Clients    Local Businesses

*(List names of businesses to be solicited for the event):*

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*(If more space is needed, please use back of page)*

Is Wake Forest Baptist Medical Center the sole beneficiary? Yes\_\_\_\_\_ No \_\_\_\_\_

If no, please list other beneficiaries:

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Where would you like your funds directed? \_\_\_\_\_

How will expenses be paid?

- From proceeds       By event organizer

Anticipated total funds raised: \$ \_\_\_\_\_

Anticipated total expenses:    \$ \_\_\_\_\_

Anticipated donation:            \$ \_\_\_\_\_

- I agree that Wake Forest Baptist Medical Center will receive proceeds from the event within 30 days of the event.*
  - I agree that all printed materials and publicity for the event must be approved by Wake Forest Baptist Medical Center prior to being released, printed, etc.*
  - I have read the guidelines for community fundraisers for Wake Forest Baptist Medical Center and agree to follow them as stated.*
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Print name: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN FORM TO:

[Fcarey@Wakehealth.edu](mailto:Fcarey@Wakehealth.edu)

Or

Felicia Carey  
Office of Development  
PO Box 571021  
Winston-Salem, NC 27157-1021

If you have questions, please call 336-716-3908 or 336-716-7985.