



RankenJordan.
PEDIATRIC BRIDGE HOSPITAL

FUNDRAISING EVENTS APPLICATION

EVENT CONTACT _____

ORGANIZATION NAME (IF APPLICABLE) _____

CONTACT/ORGANIZATION ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Is your organization a non-profit (501c3)? Yes No

EVENT INFORMATION

EVENT NAME _____

EVENT DESCRIPTION _____

EVENT DATE(S) _____

EVENT TIME(S) _____

EVENT LOCATION & ADDRESS _____

PROJECTED ATTENDANCE _____

Does your event require a permit and/or contract? Yes No

Does your event require insurance? Yes No

Are you requesting Ranken Jordan staff representation at the event? Yes No

DONATIONS & FINANCES

PLEASE DESCRIBE HOW FUNDS WILL BE RAISED (TICKET SALES, RAFFLE, SPONSORSHIPS, AUCTION, ETC.).

TOTAL FUNDRAISING GOAL_____

WILL ANY OTHER ORGANIZATIONS OR INDIVIDUALS BENEFIT FROM THIS EVENT? Yes No

IF YES, PLEASE LIST OTHER BENEFICIARIES AND PERCENTAGE THAT EACH GROUP WILL RECEIVE

ADVERTISING & PROMOTIONS

HOW DO YOU PLAN TO PROMOTE YOUR EVENT USING RANKEN JORDAN'S NAME/LOGO?

- Flyers Press Release Social Media Television Radio
- Website Invitation/Mailing Other_____

EVENT WEBSITE URL_____

I have read the Fundraising Event Guidelines for Ranken Jordan and understand, agree, and submit this information on behalf of myself or the organization listed above. I understand that Ranken Jordan will not assume any legal, financial, or personnel liability for the event. I am aware that Ranken Jordan must approve all use of its name and logo prior to the distribution of all promotions. I accept the obligation to provide full proceeds as outlined in this application to Ranken Jordan within 30 days of the event.

I agree I disagree

Event Contact Signature_____ Date_____

Ranken Jordan Approval_____ Date_____



11365 Dorsett Road
Maryland Heights, MO 63043



Main: 314.872.6400
Toll Free: 1.866.845.6400



www.rankenjordan.org