



Cleveland Clinic Community Fundraising Application

Please complete this form and submit to:

Cleveland Clinic
 Attn: Community Fundraising Manager
 Philanthropy Institute
 3050 Science Park Drive / AC322
 Beachwood OH 44122

Fax: 216.448.0677

Email: nethinc@ccf.org

Date Submitted: _____

Fundraiser Information		
Sponsoring Organization/Individual:		Are you a 501 (c)(3) organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Name:	Phone:	Email:
Address:		
Describe your relationship to Cleveland Clinic:		
Please list any Development Staff with whom you are currently working:		
Event Information		
Event Name:	Date of event:	
Event Description:		
Event Location (city and venue):	Estimated Number of Attendees:	Target Attendees:
Has this event been held before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	What was the outcome? (dollars raised, etc)
What is the mission of the event?		
Please list the members of the planning committee:		
How will the event be promoted (fliers, newsletters, radio, etc)?:		
Budget and Fundraising Information		
Estimated gross revenue for this event:	What amount of the revenue will be used for expenses?	What is the estimated amount to be donated to Cleveland Clinic?
What is the cost to participate in or attend the event?	How will funds be raised?	
To what institute/area of Cleveland Clinic would you like to donate the event proceeds?	Will other charitable organizations receive proceeds from this event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	Do you plan to use Cleveland Clinic's name, logo, or program information to promote your event? <input type="checkbox"/> Yes <input type="checkbox"/> No

I have read and will abide by the Cleveland Clinic Community Fundraising Guidelines

Signature

Please feel free to attach additional documentation, as necessary. Thank you!