



**RONALD MCDONALD  
HOUSE CHARITIES**  
OF THE CAPITAL REGION, INC.

## Outside Fundraising Event Application

Thank you for your interest in helping RMHC of the Capital Region, Inc. meet its mission of promoting the health, development and well-being of children and families. Please complete the following application with information about your fundraiser.

**Date of Application:** \_\_\_\_\_

**Name of Organization, Group or Individual:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Are you an:**        \_\_\_\_\_ employee group  
                          \_\_\_\_\_ association/organization/club  
                          \_\_\_\_\_ school  
                          \_\_\_\_\_ other, please specify: \_\_\_\_\_

**Name of event:** \_\_\_\_\_ **Date of event:** \_\_\_\_\_ **Time of event:** \_\_\_\_\_

**Please tell us about the proposed event or promotion:**

**In what ways will money be generated?**

**What is the fundraising goal?**    **Gross:** \_\_\_\_\_  
  **Net:** \_\_\_\_\_

**What are the anticipated expenses?** \_\_\_\_\_

**What businesses, individuals or foundations will be approached for underwriting, sponsorship, in-kind giving, or other contributions to help the event?**

**How will the event be promoted?**

**\*What, Where and How will the Ronald McDonald House Charities name be used?**

***\*Special Notes:***

- The use of RMHC Logo Name on all promotional materials must be approved in advance. Please submit copies of materials prior to distribution.
- Please contact RMHC representative listed below to obtain copies of the RMHC logo.
- RMHC will receipt only those donations made payable directly to RMHC. We cannot receipt individual donors when the contribution check comes from sponsoring organization.
- All checks should be made payable to Ronald McDonald House Charities.

Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

RMHC Signature: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

***Upon request in advance,  
a RMHC representative would be happy to attend the event.***

**Applications must be submitted prior to scheduled event to:**

Christine Turner  
Ronald McDonald House Charities of the Capital Region, Inc.  
139 South Lake Avenue  
Albany, NY 12208  
Office: 518-438-2655 Fax: 518-459-6529  
Email: cturner@RMHCofalbany.org