

National Fibromyalgia Association External Fundraising Event Application Form

Sponsor Information

Contact Name					
Title					
Organization					
Address					
City		State		Zip Code	
Telephone					
Email					
Organization Website					

Event Information

Type of Event (Run, Walk, Lecture, etc.)					
Name of Event					
Date(s) and Time(s) of Event					
Description of Event					
Location of Event					
Is this a first-time event? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, how many years has the event been held?					
Are there any other beneficiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list:					

<p>How will funds be raised (e.g., raffle tickets, ticket sales, auction, sponsorship, etc.)?</p>	
<p>How will you promote this event (e.g., social media, email, flyers, public service announcements, etc.)?</p>	
<p>How do you propose to use the NFA name and logo in PR and promotional materials?</p>	

NOTE: If your event is approved, please submit copies of the use of NFA logo and all materials bearing the NFA name and logo for approval by the Association before distributing final copies or creating any materials developed for your event that includes this information.

Financial Information

<p>Please list your estimated expenses and explain how they will be covered. (Please attach additional information if needed.)</p>	
<p>Estimated amount to be raised:</p>	

Expected date of donation to the NFA:		
I agree that until written permission has been granted, contributions will not be solicited in the name of the National Fibromyalgia Association. I also agree that the name of the National Fibromyalgia Association will not be used for any other purpose.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Once final approval has been granted, I agree to adhere to the guidelines provided by the National Fibromyalgia Association.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature		Date

Please email this signed form to nfa@fmaware.org or print and mail the application to:

National Fibromyalgia Association
 3857 Birch Street
 Ste. 312
 Newport Beach, CA 92660

<p>NFA Office Only</p> <p>Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signed: _____</p> <p>Date: _____</p>
