



Event Information



Contact name: _____
 Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Name of sponsoring organization (if applicable): _____

Event date: _____
 Event time: _____
 Event location: _____
 Brief event description: _____

Is this event in memory/honor of someone? Who? _____
 What is your estimated revenue for this event? \$ _____
 What percentage of this revenue will be used for expenses? _____
 Please list any other charitable organizations that will benefit from this event: _____

Will businesses be contacted for donations (in-kind/monetary)? Yes No
 If yes, please list prospects for Niagara Hospice review: _____

How will Niagara Hospice receive proceeds from the event? _____
 Do you plan to use the Niagara Hospice name, logo, or mission in promoting the event? _____
 If yes, please list prospective materials you plan to create for Niagara Hospice review: _____

What types of promotion do you plan to use? (flyers, newsletters, radio, etc.) _____

Can Niagara Hospice provide you with materials on our programs to display at your event? Yes No
 Would you like a Niagara Hospice representative to attend your event? Yes No

Additional comments: _____

Your signature: _____ Date: _____

Thank you for your interest in planning an event for Niagara Hospice! Please complete this form and return it to: Niagara Hospice Special Events Department, 4675 Sunset Drive, Lockport, NY 14094.

OFFICE USE ONLY

Niagara Hospice representative: _____
 Check presentation/photo date: _____
 Amount of final gift: _____