



Commitment Form for New Community Fundraising Event

This form must be completed by any individual, organization or business wishing to hold a new fundraising event to benefit MultiCare patients and their families.

Mail or scan to:
MultiCare Foundations
Attn: Laura Shaw
LOC: 1313-FND, PO Box 5296, Tacoma, WA 98415-0296
Laura.Shaw@multicare.org or fax: 253-403-1091

Sponsoring Organization: _____

Sponsor Address: _____

Primary Contact Name: _____ Title: _____

Daytime Phone: _____ Business Cell

Email Address: _____

Name of Event: _____

Event Date: _____ Event Hours: _____

Location: _____

Open to the Public? Yes No First Time Event? Yes No

Projected Attendance: _____ Fees Charged: \$ _____

Event Description (describe in detail; use attachment, if needed): _____

Please indicate the beneficiary you will be supporting:

Good Samaritan Foundation

Mary Bridge Children's Foundation

MultiCare Behavioral Health Foundation

MultiCare Capital Foundation

MultiCare Health Foundation

MultiCare Inland Northwest Foundation

Split between: _____

Please indicate where you want the donated funds to be allocated:

Where the Need Is Greatest	NICU	PICU
Children's Therapy Unit	Helping Hands	Hematology/ Oncology
Child Life Services	Other: _____	

How and when will your event be publicized? _____

What, if any, assistance will you request from the Foundations office?

Staff Representative to Speak and/or Attend Event	Printing Services
Staff or Volunteer Assistance	Hospital or Program Information/Brochures
Marketing Support/Swag	
Other: _____	

Estimated Donation: \$_____ Anticipated Date of Donation: _____

Can MultiCare Foundations and/or MultiCare Health System use any photos, logos or brand material for publicity purposes? Yes No

Will any other charitable organization benefit from this event? Yes No

If yes, please list organization(s), how they are involved and in what manner they will benefit:

Describe how this event benefits the sponsoring organization:

By my signature below, I commit to following the provided **Guidelines for External Fundraising Events** and attest that the information on this application is accurate and complete. I understand that until written permission is received by MultiCare Foundations, the name "MultiCare" or any of its entities is not to be used for any purpose.

Signature Date

Printed Name Title