



# Team Fundraiser Application

Please copy form as needed.

**Thank you and your team for your outstanding fundraising efforts!**

The Lupus Foundation of America, Philadelphia Tri-State Chapter is more than happy to assist you with your upcoming Team Fundraiser. Please complete the application below and return to the Chapter office.

**info@lupustristate.org**

**101 Greenwood Avenue, Suite 200, Jenkintown, PA 19046**

**Fax: 215-517-8483**

## CONTACT INFORMATION

Name \_\_\_\_\_ Team Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

## EVENT INFORMATION

Event Name \_\_\_\_\_ Fundraising Goal \_\_\_\_\_

Event Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event Location and Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Rain Date (if an outdoor event) \_\_\_\_\_

Start Time \_\_\_\_\_ Estimated End Time \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

## SPECIAL REQUESTS

YES, please post my fundraiser on the event website (team fundraisers tab)

Please send me a solicitation letter for event donations

Please mail me educational materials (indicate anticipated number of guests) \_\_\_\_\_

Please mail me wristbands (indicate number requested per size ) Adult \_\_\_\_\_ Youth \_\_\_\_\_

**NOTE:** Minimum retail price is \$1. You are responsible to payback \$1 per wristband sold or kept, minus the first 30, and return wristbands that are not paid for or sold. First 30 wristbands are FREE as a thank you!

Other (please describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature

Date

Staff Signature

Date

Logo Sent / Approved (internal use only)