



**Hospice Foundation of Western New York**  
**2007 Hospice Helpers Event Application**

**Logistics**

Sponsoring Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Time(s): \_\_\_\_\_

Location: \_\_\_\_\_

Brief description of event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hospice volunteers needed to assist \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please state the number of volunteers needed, hours required, and type of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Finances**

*\* Please use your best estimate to complete this section.*

Please list major sources of income. (Ticket sales, raffles, admission charges, etc.)

\_\_\_\_\_

Please list major expenses that will be incurred. (Printing, rentals, etc.)

\_\_\_\_\_

\_\_\_\_\_

Who will be responsible for covering the above listed expenses? \_\_\_\_\_

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How much money do you expect to raise during your event? \_\_\_\_\_  
What percentage of gross proceeds will benefit the Hospice Foundation? \_\_\_\_\_%

**Promotion**

How will your event be promoted?

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Will you be alerting the media?  
\_\_\_\_ yes      \_\_\_\_ no

If yes, list media outlets you plan on approaching:

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*\*The Hospice Foundation will provide promotional consultation upon request.*

If you plan to seek support from commercial sponsors or others, please list sponsor names and requested contributions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to: Hospice Foundation of Western New York, Special Events  
225 Como Park Blvd., Cheektowaga, NY 14227. Upon approval, a copy of this form will be  
sent to you.**

**Please note: The Hospice Foundation reserves the right to reverse its  
decision for approval of an event at any time.**

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**For office use only**

Approved signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 12/06