

Angel Foundation
Community Fundraiser Application



Contact Details

Name(s): _____

Organization/Business Name: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

In Honor/ In Memory of: (if applicable) _____

Reason for hosting fundraiser: (if applicable) _____

Event/Activity/Fundraiser Details

Title of proposed event/activity/fundraiser: _____

Description: (Include ticket price or donation amount, if applicable) _____

Target audience: _____

Anticipated number of participants: _____

Proposed date and time of event/activity/fundraiser: _____

Venue: _____

Proposed advertising/promotion: _____

How did you hear about Angel Foundation? _____

Support requested from Angel Foundation:

Banners or posters at event _____ Brochures _____ Representative at the event _____ Media Kit _____

Other _____

Agreement

Fundraiser shall indemnify, hold harmless and defend Angel Foundation, its officers, directors, agents and employees against any and all liability, losses, costs, damages, expenses, claims or actions, including any and all attorney's fees pursuant to this agreement. Fundraiser(s) of such agreement are independent and are not representative of Angel Foundation.

Name of applicant

Signature of applicant

Date