



## Application to Fundraise on Behalf of MarineParents.com, Inc.

**Please check the type of fundraiser this will be:**

- Corporate Sponsorship     Payroll Deduction     Solicitation of a Specific Group     Exhibits     Events  
 Media Event/Exposure     Auctions, Raffles, 50/50 Drawings     Established Fundraising Programs

**Are you fundraising as:**    Individual     Company/Office     Organization/Group

**Company/Organization Name if applicable:** \_\_\_\_\_

**Your Personal Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

**Your Employer Information**

Name of Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Position or Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_

**Two References Required**

Name (1): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name (2): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**The following questions are specific to your fundraiser.**

1. Please describe your fundraiser plan in detail: \_\_\_\_\_

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2. What is the goal amount you plan to raise (*dollar amount*)? \_\_\_\_\_

3. Number of people you anticipate contacting or participating in the fundraiser: \_\_\_\_\_

4. Who will be your target audience? \_\_\_\_\_

5. What date(s) will you hold the fundraiser? \_\_\_\_\_

6. Will your fundraiser be held at a specific location?  YES  NO

If YES: Name of Venue: \_\_\_\_\_

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

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

Person of Contact at Venue

Name: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cost of venue (*dollar amount*): \_\_\_\_\_

7. Will there be costs associated with your plan?  YES  NO

If YES: Please explain. \_\_\_\_\_

8. Will your fundraiser require public speaking?  YES  NO

If YES: Please explain. \_\_\_\_\_

9. Will you be making a flyer/poster/letter/etc?  YES  NO

If YES: Please send all materials to be approved PRIOR TO BEING PRINTED to Marine Parents.com, Inc. either by:

E-mail: [Fundraise@MarineParents.com](mailto:Fundraise@MarineParents.com)

OR

Mail: Marine Parents.com, Inc

Attn: Fundraising

P.O. Box 1115

Columbia, MO 65205

Fax: (573) 303-5502

10. What materials would you like us to provide? Examples include brochures, posters, letters, invitations, auction items, gift certificates. Please indicate approximate quantities below:

By signature below, I certify that the information on this application and its supporting documents is accurate and complete. I authorize MarineParents.com, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize my references and employer if listed, without liability, to make full response to any inquiries in connection with this application. If requested, I agree to submit to a criminal and credit background investigation. I understand that this document is NOT an approval of fundraising and does NOT constitute a contract for soliciting donations. I agree that I will not begin solicitation or additional work to implement the fundraiser, provisional or otherwise, unless and until I receive the official fundraising letter of approval from MarineParents.com, Inc.

Print your Name: \_\_\_\_\_

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