

Fundraiser Request Form

Name: _____

Address: _____

Event Coordinator: _____

Phone Number: _____

Email: _____

Date(s) of Event: _____

Type of Event: _____

Please tell us about your event (Silent Auction, 5k Run/Walk, Beef & Beer, etc.):

Select One

Will you need Information Packets for the event? Request must be made 6 weeks prior to event. YES NO

Will there be media coverage or a press release for local newspaper? YES NO

Will educational material be provided to the media outlet or local newspaper? YES NO

**I accept and understand by organizing and presenting an awareness event and/or fundraiser event with the assistance of The Super T's Mast Cell Foundation, I am representing this organization in my community and will uphold the mission, values and ethics of the STMCF.*

Signature: _____

Date: _____