Community Event Information Form

The National Multiple Sclerosis Society is extremely grateful that you are interested in "Joining the Movement" and working toward a world free of MS through a Community Event or fundraising activity. However, only those Community Events which meet specific criteria, and legitimately and genuinely benefit the Society, will ordinarily be approved. Each event will be reviewed on a case-by-case basis.*

We understand that all details for your proposed event may not be available at the time of your submission, but please fill out the form to the best of your knowledge. We will review your proposal within 10 business days and contact you.

Please return this form to your local chapter.

General Information

Name:_____

Organization/Company Name (if applicable):_____

If a for-profit organization, what kind of business?: _____

Would the business be involved in the activity? _____ If yes, how? _____

Email:_____

Address:_____

_____

Phone #:_____

Fund Raising Activity

Describe the activity (attach extra sheets if necessary):

_____

_____

_____

_____

_____

_____

_____

Date event would be held? _____ Where? _____

Has the event been done before? _____

If yes, by whom and what were the results? _____
_____

Do you plan to solicit any businesses for donations or sponsorship?_____ If yes, please indicate which ones. **

_____

_____

_____

**We'd like to avoid duplication with Society efforts. Please wait until your event has been approved before moving forward with contacting these businesses.

Financial Information

What is the Community's Event projected gross income? _____

If expenses are being taken out from the gross, please indicate either the guaranteed donation or the % of net proceeds that will go to the Society. $_____

What do you anticipate the total donation to be? $_____

**Please Note: The Society defines a Community Event as any fundraising activity by a non-affiliated group or individual (third party), where the Society has no fiduciary or agency responsibilities and little or no staff involvement. Please see the Community Event Organizer Guidelines for more information.*

By signing this form, I agree to adhere to the Community Event Guidelines and guarantee that the information presented above is accurate.

_____

Name

_____

Organization

_____

Date

_____

Signature