Do It Yourself Community Event Information Form

The National Multiple Sclerosis Society Upstate New York Chapter is extremely grateful that you are interested in "Joining the Movement" and working toward a world free of MS through a Do It Yourself 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 five business days and contact you.

Please return this form to: National MS Society Upstate New York Chapter
ATTN: DIY Events
1650 South Ave. Ste. 100
Rochester, NY 14620

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 on the reverse of this form (attach extra sheets if necessary):

Date event would be held? _____ Where? _____

Has the event been done before? _____ Date_____ Amount Raised $_____

Details? _____

_____

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 expected donation or the % of net proceeds that will go to the Society. $_____ ___ or _____% of the proceeds

**Please Note: The Society defines aDo It Yourself 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 (if applicable): _____

Date _____

Signature_____