



THIRD-PARTY EVENT OR PROJECT INTEREST FORM:

Thank you for your interest in raising funds to benefit our patients through a department or program of Cone Health. Please complete this form and return it to: Cone Health Philanthropy, 1200 North Elm Street, Greensboro, NC 27401, scan and submit via email to philanthropy@conehealth.com or deliver to *Alamance Regional Charitable Foundation or Annie Penn Foundation*. Before completing the form, please read the accompanying Third Party Event Guidelines. Call 336.832.9450 with any questions.

Contact Information:

Group/Organization Name: _____

- Individual Community Group Business Non-profit

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

Event Information:

Name of Proposed Activity: _____

Activity Date: _____ Location: _____

Address of Location: _____

Please describe the event or project. *(including ticket price or entrance fees and if this will be held annually)*

What department, fund or program of Cone Health will be the beneficiary of funds and why?

If this event/activity has been held before, what were the results?

If you are requesting the assistance and expertise of the Cone Health philanthropy staff, please describe your specific needs: _____

Budget Information:

Please share with us your proposed event budget. <i>(Proposed expenses should range between 28% - 35% of the proposed revenue raised. This ensures compliance with industry standards that reflect best practices for non-profits.)</i>	
Projected Revenue	
Ticket Sales	\$
Sponsorships	\$
Other Income	\$
Total	\$
Expenses	
Advertising	\$
Food & Beverage	\$
Giveaways	\$
Mailing	\$
Printing	\$
Venue	\$
Other <i>(please specify)</i>	\$
Total	\$
Anticipated Contribution to Cone Health	\$

I have read and agree to follow the Third Party Event Guidelines.

Event Lead Name (please print) Signature Date

Office of Institutional Advancement Signature Date