



THIRD PARTY FUND-RAISING REQUEST APPROVAL FORM

Submit Form To: events@shrinenet.org or by fax to 813-281-7156.

Event Coordinator Name: _____ Request Date: _____

Sponsor Name (if applicable): _____

Coordinator mailing address: _____

Coordinator phone number: _____ Phone Type: Home Cell Office

Email address (if available): _____

Event name: _____

Event Location: _____ Event date(s): _____

Previously held for SHC? Yes No

Description of Event:

Indicate proposed proceeds distribution:

- OR 100% Net Proceeds to SHC (Specific hospital location (if applicable): _____)
- Split Net Proceeds (with another 501(c)3 minimum of 50% split reviewed on a case by case basis)

You should receive a response within 7 - 10 business days of submitting this form. If you have not received a response please call (813) 327-2022 or send an email to events@shrinenet.org. At the close of your event, a copy of the donation check should be sent by email to events@shrinenet.org or by mail to: Shriners Hospitals for Children, Attn. Donor Development, 2900 N. Rocky Point Drive, Tampa FL, 33607.