



COMMUNITY FUNDRAISER APPLICATION & AGREEMENT

FULL NAME:

Address:

City:

State:

Zip Code:

Phone:

Email:

Event Name:

Event Date:

Event Location/Address:

Event Description:

Projected Net Proceeds (from Budget Form): \$

Website Needs (check one):

- Event page with registration/ticket sales and fundraising
- Fundraising page only (no ticket sales)
- Donation widget for my own website
- None needed - please explain fundraising plan (Facebook fundraiser, mailed letters, etc):

I have read and understand The LAM Foundation's Community Fundraising Policy and have initialed the bottom of each page. I agree to abide by the terms and conditions, including the following:

- I am responsible for all matters related to the planning, promotion, expenses and logistics of this Event unless expressly specified by The LAM Foundation.
- Within two weeks of the Event, I agree to send the Foundation the net proceeds from the event along with the final Budget Form.

I agree to these conditions.

Signature: _____ Date: _____

Please submit your completed form to development@thelamfoundation.org or mail to **The LAM Foundation** as indicated herein. You will receive approval within **3 to 5 business days**.