

**PROPOSED EVENT TO BENEFIT LAZARUS HOUSE**

*Lazarus House thanks you for thinking of us. We are grateful to the community for your support which sustains us. We truly wouldn't exist without the good intentions of our donors. Based on advice of our auditor, and in a time of increased scrutiny of Accounting Standards, we find ourselves in the position of needing to formalize arrangements with those who offer to raise funds on our behalf. We hope you understand. It is the sincere desire of Lazarus House to continue the warm and generous relationships we have traditionally experienced.*

**Contact Information**

Person, Group or Business Name:

Address:

Phone Number(s):

Email:

Are you a 501(c)(3) charitable organization? *If yes, attach copy of 501(c)(3) letter.*

**Proposed Event Details**

Time, Date & Place:

Type of Event:

Cost to Participate:

Anticipated Expense (to be paid by applicant):

Anticipated Income (to be received by applicant):

What portion of funds goes to Lazarus House? (express in terms of \$X/ticket, X% of Profit, etc.)

**NOTE: Advertising of all approved fundraisers must disclose the portion to Lazarus House.**

Anticipated Total Net Revenue, which applicant will provide to Lazarus House:

Anticipated Date by which revenue will be given to Lazarus House:

**NOTE: A completed financial results form must be included with the funds given to Lazarus House.**

How will you publicize event? (Reminder, Advertising must disclose portion of proceeds to Lazarus House)

Please describe any assistance that you seek from Lazarus House on promoting or conducting the event. Be as specific as possible. Please understand that due to our limited resources it is not possible for us to promote and attend every event.

Person completing the above information:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
ROLE/TITLE

\_\_\_\_\_  
SIGNATURE

**FAX completed form to 630-587-2540 or  
Mail to Lazarus House, 214 Walnut St., St. Charles, IL 60174**