

**Children's Hospital Of Michigan and  
Children's Hospital Of Michigan Foundation  
Event Proposal Form**

**1. Organizer Information**

Name of sponsoring organization or individual: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. Event Information**

Name of event: \_\_\_\_\_

Description of event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Date(s) and times(s): \_\_\_\_\_

Date event will end: \_\_\_\_\_

*(Donations must be delivered to Children's Hospital of Michigan (CHM) within 45 days of this date.)*

Method of raising funds, including fees charged: \_\_\_\_\_

\_\_\_\_\_

Fundraising goal: \_\_\_\_\_

Is the CHM or the Children's Hospital of Michigan Foundation (CHMF) the sole beneficiary of this event?

Yes  No If not, who are the other beneficiaries?

Please describe

\_\_\_\_\_

\_\_\_\_\_

Do you plan to pay an individual or organization to help plan, manage or conduct the event or to solicit contributions?  Yes  No If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

Name(s) of any organization with whom you will have any contract or agreement in relation to the event, including sponsors: \_\_\_\_\_

\_\_\_\_\_

*(CHM will provide you with a list of our major sponsors. We ask that you do not approach any of them for sponsorship without first discussing with us.)*

Will you be advertising or publicizing this event?  Yes  No If so, who will be handling these tasks? Please describe: \_\_\_\_\_

\_\_\_\_\_

*(Any promotional material including CHM, CHMF, or The Detroit Medical Center (DMC) names or logos must be approved by CHM.)*

Do you have a media sponsor? If so, who? \_\_\_\_\_

Who is your target audience? \_\_\_\_\_ Estimated attendance: \_\_\_\_\_

