SHEPHERD WELLNESS COMMUNITY - FUNDRAISING EVENT APPLICATION

Shepherd Wellness Community is grateful for fundraising events in support of our HIV/AIDS work. If you would like to plan a fundraising event for Shepherd Wellness Community please fill out and return this form. We will contact you after we receive your form.

1. Please describe the ty	ype of event you are planning.	
2. Contact Name		-
Company		
Address		
City	State Zip	
Phone	Email	
3. Date/s and time/s of e	event:	
4. Admission or ticket p	price/s:	
5. Will you be selling ad	d space in a program? Ad deadline date?	
proceeds from ticket sal	oceeds from the event will benefit the Shepherd Wellness Community. For example les be forwarded to SWC? Will requests for donations be solicited at the event?	e, will all
	be advertised or promoted?	_
8. Will you be underwri	iting the event or looking for sponsors to underwrite it?	-
9. List of major sponsor	rs:	
	d other fundraising events? name and phone number of a contact from the organization who received funds.	
11. Please tell us what t	type of involvement you may need from Shepherd Wellness Community	
Please email mail this fo	form to: office@swconline.org	

or fax to 412-683-5755

or mail to Shepherd Wellness Community 4800 Sciota St. Pittsburgh, PA 15224

Thank you for your support for the HIV/AIDS programs of the Shepherd Wellness Community. Please speak to our Executive Director at 412-683-4477 X 10 if you have questions or require information.