



SUMMITTEERS

Making Lives Better!

Application

Contact Information

Name of group/organization planning fundraising event: _____

Name of individual(s) in charge of event/contact person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Event Information

Type of Fundraising Event: _____

Date/Time of Fundraiser: _____

Location of Fundraiser: _____

Event is: ☐ Open to the Public ☐ Invitation Only Ticket Price: \$ _____ Table Price: \$ _____

Has this event taken place before: ☐ Yes ☐ No Will this be an annual event: ☐ Yes ☐ No

Briefly describe the fundraiser (work fundraiser, ticket sales, raffle, auction, candy bar sales, dress down day, etc.)

Is this event in support of a specific Summit program or service: ☐ Yes ☐ No

Program or Service _____

Please submit your application to:

Mail

Attn: Gabriella Albert
The Summit Center
150 Stahl Road Getzville,
New York 14068

Email

gabriella.albert@thesummitcenter.org

Fax

716.629.3499

Questions?

Call Development at 716.629.3436