



FUNDRAISING EVENT 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

Please describe the fundraiser: _____

Thank you for your support! Please return this application to:



Email: awerth@thesummitcenter.org

Questions? Give Development a call
at 716.629.3423

Mail: The Summit Center
Attn: Development
75 Pineview Dr, Ste 200
Amherst, NY 14228