

## **24/7 Giving Outreach Fundraising Request Application Form**

Welcome to **24/7 Giving's** online fundraising suggestion application. Before filling out the application please review our [Eligibility Guidelines Page](#).

Name | title of person submitting request \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Website \_\_\_\_\_

Name of Program /Event \_\_\_\_\_

Charity Tax ID number \_\_\_\_\_

Date of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

### **Event Information**

Please briefly describe the fundraiser. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will this event/fundraiser impact your community? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How is the event being promoted? \_\_\_\_\_

\_\_\_\_\_

Who will benefit from the event? What is the geographic scope of the program/ event  
(e.g. national | regional | local ) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_