

3rd Party/Fundraising Application

Contact Name: _____

Company or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Website: _____ Email: _____

EVENT DETAILS

Date: _____ Time: _____

Location: _____

Event Description:

OTHER INFORMATION

1. How will you advertise this event?

Media (Print____; TV____; Radio____)

Paid Advertising

Signs or Banners

Other

Public Relations (in-house or agency)

Brochures / Flyers

Direct Mail

2. Who is your main target for this event and how many people are you expecting?

3. Will the hungerbites.org name and/or logo be used? If so, how? Please describe any program/event materials, web sites, advertisements, flyers and/or other items to which the hungerbites.org name and logo will be used.

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4. Will you be soliciting sponsorships from local companies/organizations? If so, please provide the Central PA Food Bank with a list of those you will be contacting.

5. Will the Central PA Food Bank be the only organization benefitting from the event? ___ Yes ___ No
If NO, what other organizations will be benefitting from the event?

6. Would you like staff from the Central PA Food Bank to support your event? If yes, tell us how many people, hours and dates they are needed and an appropriate job description(s). Please note: Due to the number of requests, we cannot guarantee that Central PA Food Bank staff will be able to attend your event. We will do our best to accommodate you and your event.

7. Why did you choose the Central PA Food Bank as the beneficiary of your event?

Please return your completed form to:

Sara Myers, Special Events Coordinator
Central Pennsylvania Food Bank, 3908 Corey Road, Harrisburg, PA 17109

Phone: 717.564.1700 x 3042
Fax: 717-561-4636
smyers@centralpafoodbank.org

Please allow us 2 weeks to review your proposal. Thank you for your interest and support!

Approved By:

Name

Title

Date