

EXTERNAL FUNDRAISER INFORMATION FORM

Date of first contact: _____

ORGANIZATION INFORMATION

Org/Company Name: _____

Contact Name: _____

Phone: () _____ Fax: () _____

Address: _____

Has the org/company worked with PH in the past? Yes No

If yes, what event: _____ When: _____

EVENT INFORMATION

Type of Event: _____

Date of Event: _____

Location: _____

Support Materials Needed:

Speaker needed: Yes (attach speaking engagement form) No

How will event be publicized? _____

How will PH name and logo be used in marketing materials? _____

ACTIONS TAKEN

Picked up Info Milk & Cookies Mailed Info Faxed Info

What information was sent? _____

Date sent: _____ Sent by: _____

FOLLOW UP/RESULTS

Date: _____

Comments: _____
