

Community or Third-party Fundraising Event Proposal

Thank you for your interest in supporting The University of Vermont Medical Center! Philanthropy helps us provide the best patient care within a healing, supportive environment. Please take a moment to summarize your proposed fundraising event by providing the following information, preferably six weeks prior to the event. We will notify you of the event's approval within two weeks.

Event Date: _____ Event Time: _____

Event Name:

Event Location:

Number of Participants/Guests expected: _____

Briefly describe the event and how funds will be raised

Financial Goal: \$ _____

Designation/Department or Program to benefit from the proceeds:

Name of Your Organization/Group:

Event Coordinator Name(s):

Address: _____

State: _____ Zip: _____ Email: _____

Home Phone _____ Work Phone _____

Will UVM Medical Center be the sole beneficiary? If not, what other causes will be supported?

Desired support or expectations from UVM Medical Center:

After completing this form, please print it out, acknowledge the following in pen and return as indicated below:

I have read and agree to the UVM Medical Center’s Third Party Event Guidelines.

Printed Name _____

Organization _____

Signature _____ Date _____

Return to:

The UVM Medical Center Foundation
Attn: Jackie Woodwell
Courtyard at Given 3N
111 Colchester Avenue
Burlington, VT 05401

Jackie.Woodwell@UVMHealth.org
Phone: (802) 656-4014