

Join the Journey Fundraising Approval Form

Please read the attached guidelines for Third Party Events before completing this application.
Once completed, send the application form to:

Join the Journey
1530 Greenview Drive SW Suite 212
Rochester, MN 55902

You may call us at (507) 206-3212 if you have any questions about the guidelines or form.
Once the application form is received, it will be reviewed for consideration and approval.

We will contact you promptly to discuss the details of the event.

Contact Person: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

Name of Event: _____

Date: _____ Time: _____

Location: _____

Organization: _____

Event description: _____

How will money be raised? _____

List Business Donors (include potential and confirmed): _____

Publicity/Promotion: (List all media (brochures, radio, print ads, television, etc.) you have planned.

Assistance needed from Join the Journey:

What percentage of net proceeds after expenses is to be donated to Join the Journey?
 100%

If less, please explain

Will the event also benefit other organizations? Yes No

If yes, please identify _____

Are you requesting the use of the Join the Journey logo? Yes No

If yes, how will it be used? _____

Would you like representatives from the Join the Journey to be present? Yes No

Would you like a representative from the Join the Journey to give a presentation? Yes No

Will any alcoholic beverages be served? Yes No

What are the estimated total revenues? \$ _____

What are the estimated total expenses? \$ _____

Have you held this benefit previously? How many times?

How often will they be occurring? Annually Onetime event Other _____

Other Comments:

Please sign below and return completed Fundraising Approval Form to:

Join the Journey
1530 Greenview Drive SW Suite #212
Rochester, MN 559022

The undersigned understands the Join the Journey Guidelines for Third Party Events and agrees to comply with them. I/we hereby certify that the information provided on this form is true to the best of my/our ability (official event organizer must be 18 years of age or older).

Name _____ Signature _____

Organization _____ Title _____

Date _____

FOR OFFICE USE:

Approved By

Name _____ Title _____ Date _____

We appreciate your support of Join the Journey.

Donations are important in supporting our mission of promoting breast cancer awareness in our local community and offering support to all individuals on their cancer journey.

Thank you for your efforts on our behalf.