



Ronald McDonald
House Charities®
Mobile

THIRD PARTY FUNDRAISING REQUEST APPROVAL FORM

To submit form e-mail to diana@rmhcmobile.org or 1626 Springhill Ave, Mobile, AL 36694

Event Coordinator Name: _____ Request Date: _____

Sponsor Name (if applicable): _____

Coordinator Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Coordinator Phone Number: _____ Best form of communication: _____

This fundraiser is going to be done by an Individual Corporation Organization

Event Name: _____

Event Location: _____ Event Date(s): _____

Description of Event:

How will revenue be generated?

Anticipated total revenue \$

Anticipated total expense \$

Anticipated total donation to **RMHC of Mobile**

What participation or resources, if any, do you request from **RMHC of Mobile**?

Please note, we do not share donor information or have access to McDonald's restaurants.

Have you or your party previously held an event for **RMHC of Mobile**? Yes No

Is this fundraiser in Honor or Memory of someone? Yes No

If yes, who: _____

Do you have any questions or concerns for us?
