



Third-Party Fundraising Event Interest Form

Name of Event: _____

Event Date:

Event Location:

Event URL:

Event Organizer: _____

Contact Name: _____

Contact Email: _____

Description of Event (purpose, history, target audience, expected number of attendees, etc.):

How will the event benefit Boulder Valley Women's Health Center?

How will you promote the event?

What support do you request from Women's Health? (check all that apply)

- Promotion
- Staff/volunteer presence
- Informational materials

Is there anything else we should know about your event?

I have read and will follow the "Third Party Fundraising Event Guidelines" for Boulder Valley Women's Health Center.

Printed Name: _____

Signature: _____ Date: _____

Please return this completed form and direct any questions to Lydia Sunderland, Community Engagement Coordinator, at Lydia@bvwhc.org