

The Myasthenia Gravis Association of Western PA (MGA)

THIRD PARTY FUNDRAISING EVENT APPLICATION

Thank you for your interest in organizing a fundraiser to support MGA. Please fill out all of your personal information and details about your event. This will help MGA learn more about you and your event...

Contact information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Event Information: Please tell us about the event you would like to host to benefit MGA

Event Name: _____

Event Date (if known): _____

Event Location (if known): _____

Event Type (concert, auction, sporting event, etc.): _____

Open to the Public?: Yes No

Invitation Only?: Yes No

Event Description (please provide additional information to help us better understand the event):

Expected Attendance: _____

Do you intend to provide alcoholic beverages at this event?: Yes No

Do you intend to have gambling activities at this event?: Yes No

Have you hosted this event before?: ____ Yes ____ No

What is your reason for hosting the event (personal experience with MGA, desire to engage company in charitable giving, etc.)?

Estimated event revenue: _____ Estimated event costs: _____

Estimated donation (Estimate donation = Estimated Revenue – Estimated costs): _____

Thank you for completing this application form and for your interest in supporting MGA through a 3rd Party Fundraising Activity.

Signature: _____ Date: _____