



Ronald McDonald
House Charities®
Denver

3rd Party Event Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Have you volunteered with us before? Y / N

If yes, what kind of volunteering? _____

Have you ever donated RMHC-Denver? Y / N

Have you ever been involved with a different Ronald McDonald House? Y / N

If yes, which Ronald McDonald House? _____

What inspired you to host an event for RMHC-Denver? _____

Event Information

Date of event: _____ Name of Event: _____

Time and location of Event: _____

Type of Event: _____

Brief Description of Event: _____

Collection Information

How do you plan to collect donations? _____

What is your fundraising amount goal? _____

How do you plan to deliver donations? _____

Date donation is expected to be made to RMHC-Denver? _____