



**THIRD-PARTY EVENT INTEREST FORM:**

Thank you for your interest in raising funds for the Sequoia Hospital Foundation. Please take a few moments to complete this form and return it to the Foundation at 170 Alameda de las Pulgas, Redwood City, CA 94062 or via email to [sequoia.foundation@dignityhealth.org](mailto:sequoia.foundation@dignityhealth.org). Prior to completing the form, you may find it helpful to read the Sequoia Hospital Foundation's Third Party Event Guidelines.

**Contact Information:**

Name of Event Organizer: \_\_\_\_\_

Individual    Corporation    Non-profit

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Event Information:**

Name of Proposed Event: \_\_\_\_\_

This is annual event:  Yes or  No

Event Date: \_\_\_\_\_ Location: \_\_\_\_\_

Address of Event Location: \_\_\_\_\_

Please briefly describe the event (*including ticket price or entrance fees*).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What department or program at Sequoia Hospital will be the beneficiary of your funds and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this event been held before and if so, what were the results?

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Please share the areas where you can use the assistance and expertise of the Sequoia Hospital Foundation team.

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**Budget Information:**

Please share with us your proposed event budget. *(Proposed expenses should range between 28% - 35% of the proposed revenue raised. This ensures compliance with industry standards that reflect best practices for non-profits)*

**Projected Revenue**

Ticket Sales	\$
Sponsorships	\$
Other	\$
<b>Total</b>	<b>\$</b>

**Expenses**

Advertising	\$
Food & Beverage	\$
Giveaways	\$
Mailing	\$
Printing	\$
Venue	\$
Other <i>(please specify)</i> _____	\$
<b>Total</b>	<b>\$</b>
<b>Anticipated Contribution to the Sequoia Hospital Foundation</b>	<b>\$</b>

I have read and agree to follow the event guidelines designated by the Sequoia Hospital Foundation

\_\_\_\_\_  
Event Lead Name *(please print)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Sequoia Hospital Foundation President

\_\_\_\_\_  
Signature