



## Coleman Cares Fundraising Application

Please complete this form and submit to:

Resource Development  
Coleman Professional Services  
5982 Rhodes Road  
Kent, OH 44240

Email: [HowToHelp@ColemanServices.org](mailto:HowToHelp@ColemanServices.org)

Date Submitted: \_\_\_\_\_

Event or Program Information		
Official Name of Event or Program:	Date:	Time:
Description of Event:		
Location of Event (city and venue):	Estimated Number of Attendees:	Target Attendees:
What is the mission of the event?		
How will this event be promoted (flyers, newsletters, radio, etc)?:		
Event or Program Information		
Sponsoring Organization/Individual:	Are you a 501 (c)(3) organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Name:	Phone:	Email:
Contact Address:	State:	Zip:
Describe your relationship to Coleman Professional Services:		
Please list any staff with whom you are currently working with:		
Financial Information		
Cost to attend/participate in event:	Estimated Gross Revenue:	% of proceeds or specific amount to be donated to Coleman Professional Services?:
Current Sponsors:	Possible Sponsors:	
To what specific fund, department, program, etc. do you want your donation designated to?:	Do you plan to use Coleman Professional Service's name, logo, or program information to promote your event? <input type="checkbox"/> Yes <input type="checkbox"/> No	