

Request for Fundraising Agreement Form

Thank you for your interest in fundraising on behalf of the American Red Cross. Please fill out the below information and a Red Cross representative will be in touch with you. If your event meets the criteria for a Third-Party Fundraiser, we will send you a Third Party Agreement form which must be signed prior to the beginning of your fundraising efforts.

Thank you for your support of the American Red Cross!

Your Contact Information:

First Name _____ Last Name _____
Email _____
Phone Number _____ Fax _____
Address _____
City _____ State _____ Zip _____

Is this address Home Business

Employer: _____

School/Organization Name _____

Event Information:

Fundraiser Start Date ____/____/____ (MM/DD/YYYY)

Fundraiser End Date ____/____/____ (MM/DD/YYYY)

Location _____

Description of Event _____

Number of anticipated participants: _____

Designation of Funds:

- Local Red Cross Chapter
- Disaster Response
- Military Services
- Where the Need is Greatest

How would you like to receive your Campaign in a Box Documents?

Be Mailed Pick up at Mile High Chapter

Please Return Form to American Red Cross, Mile High Chapter
444 Sherman St.
Denver, CO 80203
Fax: (303) 722-7588