



# FOUNDATION OF YUMA REGIONAL MEDICAL CENTER

## Community or Third-party Fundraising Event Proposal

Thank you for your interest in supporting the Foundation of Yuma Regional Medical Center. Your efforts can play a crucial role in our mission to advance the delivery of compassionate, state-of-the-art healthcare to the communities we serve in Yuma County.

Name of Your Organization/Group: \_\_\_\_\_

Event Coordinator

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Proposed Event: \_\_\_\_\_ Event Time: \_\_\_\_\_

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

Number of Participants/Guests Expected: \_\_\_\_\_

Briefly describe the event and how funds will be raised: \_\_\_\_\_

Financial Goal: \$ \_\_\_\_\_

Department or Program to Benefit from the Proceeds: \_\_\_\_\_

Will the Foundation of Yuma Regional Medical Center be the Sole Beneficiary? [ ] Yes [ ] No

If not, what other causes will be supported? \_\_\_\_\_

Desired Support or Expectations from the Foundation of Yuma Regional Medical Center:

After completing this form, please sign in pen and return it to the street address or email address below.



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[  ] I have read and agree to the Foundation of Yuma Regional Medical Center's Guidelines for Community and Third-Party Events.

Printed Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

The Foundation of Yuma Regional Medical Center

Attn: Jackie Woodwell

2400 S. Avenue A

Yuma, AZ 85364

[jwoodwell@yumaregional.org](mailto:jwoodwell@yumaregional.org)

Phone: **928-336-7045**

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