



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.



FOUNDATION OF YUMA REGIONAL MEDICAL CENTER

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: Mia Sanchez

2400 S. Avenue A

Yuma, AZ 85364

miasanchez@yumaregional.org

Phone: **928-336-7045**
