



Shriners Hospitals for Children™

SHRINERS HOSPITALS FOR CHILDREN THIRD PARTY FUND-RAISING REQUEST APPROVAL FORM

(Attach this form to sponsor's mission statement

Or submit to E-mail address: apasmashrinenet.org or fax to 813-281-8460

Request submitted by: _____ Title: _____

Representing _____ Shriners Hospitals or _____ Shrine Temple _____

Request date: _____ Was this event held in prior year for SHC? YES NO

Event Coordinator(s): _____

Corporate Sponsor's name (If applicable): _____

Coordinator(s) mailing address: _____

Coordinator(s) phone number(s) Ofc: (____) - _____ Fax: (____) - _____

Email address (If available): _____

Type of event: _____ Event date(s): _____

Event location: _____

Indicate proposed proceeds distribution:

100% Net Proceeds For Benefit of Shriners Hospitals for Children

OR _____ Other *****

Chairmen's approval date: _____ State solicitation filing verified by: _____

Date event was closed on: _____ Total amount donated: \$ _____

NOTE: Copy of donation check is to be sent to A.J. Pasmas, Corporate Fundraising Coordinator or fax to 813-281-8460.

FYI: Shriners Hospitals for Children bylaws Section 503.11 states "the use of the name Shriners Hospitals for Children or reference to the Hospitals in connection with any commercial product or business enterprise is prohibited unless the written consent of its boards of directors and trustees has been first obtained".