

Thank you for your interest in helping provide the home and support that allows families to stay together while they focus on the healing of their sick children at a critical time! Please complete this form at least 30 days prior to your community event.

Contact Information

Business/Organization Nam	ne		
Address			
City/State/Zip			
Contact Name			
Phone	Email		
Social Handles			

Event Information

Event Name	
Event Description	
Date(s)	Time

Location & Address

What percentage of the funds raised will be given to RMHCK? ______ What is your financial goal for the event?

Event Organizer

Date

Checks can be made payable to RMHCK.

For additional information and to submit your donation, contact

Dani Harper, Special Events Manager dani@rmhck.org | 502.561.7653

By filling out and signing the community event proposal form, you acknowledge that you have read and agree to our community event guidelines.

550 S First Street, Louisville, KY 40202 | 502.561.1416 | rmhck.org

