

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

