



Hospets
PO Box 1063, Marysville, Ohio 43040
614-266-3267

HOSPETS Fundraising Form

Contact Information

Contact Name: _____

Title/ Position: _____

Organization: _____

Home Phone: _____ Cell: _____

Description of Fundraising experience or interests:

Planning: _____

Working the event: _____

Securing financial donations or support: _____

Event logistics: _____

Follow-up with donors: _____

Do you have a particular event you'd like to suggest or offer:

List any areas of experience that you can offer:

Skills: _____

Hobbies: _____

Expertise: _____

Licensing or Training: _____

For internal use:

SUBMIT YOUR FORM BY MAIL: to the address listed above for Hospets.

– or –

BY EMAIL: send to lisa@hospets.org