

Date submitted: _____

Event: _____

Event date: _____

Event Time: _____

Contact: _____

Phone: _____

Email: _____

Address: _____

Website: _____

Description of event:

Number of expected attendees: _____ Number of employees/volunteers: _____

Purpose of organization benefitting from event:

What can we do to assist with your event?

Are you raising funds/donation items for an organization?

Name of organization: _____

Contact Information: _____

Non-profit: YES

NO

501(c)3: YES

NO

Tax-ID #: _____

Please submit form at least 4 weeks prior to event.
Submissions will be reviewed on the 1st of each month for the following months donations.

Send to AJ Jamison, Family Video Home Office, 2500 Lehigh Ave., Glenview, IL 60026