



Third Party Fundraiser Application

Thank you for your interest in raising money to support the services of Chaplaincy Health Care. Donations are extremely important and your interest in partnering with us is greatly appreciated.

Chaplaincy Health Care defines a “Third-Party Event” as any fundraising activity by a non-affiliated group or individual, where Chaplaincy Health Care has no fiduciary responsibilities and little or no staff involvement.

Name of Company/Organization: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Date(s) of event/activity: _____

Location & Address of event/activity: _____

Description of event/activity:

Will other organizations receive a portion of the income? Yes _____ No _____

I have read Chaplaincy Health Care’s Third-Party Fundraising Guidelines and understand and agree to the terms of the agreement.

Signature of Responsible Party

Date

Thank you for your interest in partnering with Chaplaincy Health Care in providing expert guidance during illness and grief through hospice, palliative care, grief support, chaplain services and counseling.

Please submit application to:

Development Department
1480 Fowler St., Richland, WA 99352
(509)460-5801
development@chaplaincyhealthcare.org