



Fundraising Event Contact Information

Event Contact (Name: First & Last) _____
Department / Facility _____
Address _____
City _____ State _____ ZIP _____
Email _____ Phone _____

Project Information

Event Name _____ Event Start Date _____
Address _____
City _____ State _____ ZIP _____
Event Start Time: _____ Event End (Date / Time): _____

Event Description

Fundraising Goal: _____
Fundraiser Description: _____

Volunteer Request to United Way of Henry County & Martinsville

Number of Volunteers Required: _____ Special Skills Required: _____

What materials / supplies will your agency provide? _____

What materials / supplies should volunteers need to provide? _____

Will your agency provide liability insurance to cover volunteers? Yes No

Do you have restrictions regarding media, photos, and/or video being taken inside your agency?

Yes No If yes, please describe: _____

Community Drive Request

We are collecting the following items: _____

Drive Supports UWHCM Core Value(s): Education Financial Stability Healthy Living Other Area of Need

Drive Item Collection

My agency will need help distributing the items collected during our drive to the beneficiaries: Yes No

Drive Start Date: _____ Drive End Date: _____ Drive Collection Date: _____