



# My City of Hope Event Application

Today's date \_\_\_\_\_

Event name \_\_\_\_\_

Brief description of fundraising event

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event date \_\_\_\_\_ Event time \_\_\_\_\_

Venue name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of group planning event \_\_\_\_\_

Is this an annual event? ☐ YES ☐ NO How many years? \_\_\_\_

**PLEASE NOTE:** City of Hope is currently unable to provide a speaker/representative for your event. City of Hope is also unable to provide expense/budget relief or marketing support (e.g., promotion on City of Hope website, access to donor lists, etc.)

Event is: ☐ Online ☐ In person (live) ☐ Hybrid ☐ Other \_\_\_\_\_

Event is: ☐ Open to the public ☐ Invite only

How will you be selling tickets/packages? ☐ Online sales ☐ Door sales ☐ Other \_\_\_\_\_

For online sales, list ticketing website \_\_\_\_\_ (e.g., Ticketmaster, Eventbrite, etc.)

Please visit [ourhope.CityofHope.org](http://ourhope.CityofHope.org) to create your own fundraising page and accept online donations.

☐ I would like to participate in a scheduled group check presentation.

Event organizer name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

Estimated number of people participating in your event \_\_\_\_

Proceeds raised are to be designated to:

\_\_\_\_\_  
(List department/program — e.g., where needed most, breast cancer research, etc.)

If you wish to donate in honor or in memory of someone, list name(s).

\_\_\_\_\_

**PUBLICITY AND PROMOTION:** Prior to printing or distributing marketing/publicity materials bearing City of Hope's name and logo, it is necessary for us to review and approve them at least 30 days in advance.

How will the event be publicized? (e.g., *press releases, advertisements, promotional flyers, email blasts, Facebook, Twitter, Instagram, etc.*)

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Attach your draft publicity and promotion materials for review to this application.

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How will you utilize City of Hope's logo on event materials?

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**Budget/Fundraising:** Total projected revenue \_\_\_\_\_ Total projected expenses \_\_\_\_\_

**Will the event be sponsored or underwritten by another organization or business?** ☐ Yes ☐ No

If yes, please list organization(s). \_\_\_\_\_

**Will the net proceeds be donated only to City of Hope?** ☐ Yes ☐ No

If no, please list other beneficiaries. \_\_\_\_\_

**If you are donating a portion of net proceeds from the event, rather than the full amount, please specify what percentage or dollar amount you will be donating.**

To: City of Hope \_\_\_\_\_% Dollar amount \$ \_\_\_\_\_

To: \_\_\_\_\_% Dollar amount \$ \_\_\_\_\_

List all businesses, if any, you will be soliciting for sponsorship or in-kind contributions.

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Additional information City of Hope should know regarding your event.

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*Thank you for your support! At the conclusion of your event, we encourage you to take the time to thank your guests.*

By signing, you are indicating you have read, understand and agree to the My City of Hope event guidelines. For more information, please visit [CityofHope.org/myCOHevent](http://CityofHope.org/myCOHevent).

\_\_\_\_\_  
Signature of Event Organizer

\_\_\_\_\_  
Date

**Submit via mail to:**

City of Hope  
**Annual Philanthropy — MyCOHevent**  
1500 E. Duarte Road  
Duarte, CA 91010

**Submit via email to:**

[MyCOHevent@coh.org](mailto:MyCOHevent@coh.org)

*For more information, contact us at [MyCOHevent@coh.org](mailto:MyCOHevent@coh.org).*

