



Third Party Fundraising Application

To submit this application, please return to the attention of:

Ms. Kate Maver
Director of Development
Lutheran Metropolitan Ministry
4515 Superior Avenue
Cleveland, OH 44103
E: kmaver@lutheranmetro.org
F: 216.696.1779

Organizer Information

Name of Organization/Company: _____

Contact: _____
Sal. First Name Last Name

Title: _____

Address: _____

City, State/ZIP Code: _____

Phone: (_____) _____

Email: _____

Fundraiser Information

Name of Fundraiser: _____

Date(s) of Fundraising Activity: _____
(if more than one day, please include the range or all dates of activity)

Event Budget: Estimated Revenue: \$ _____ Estimated Expenses: \$ _____

Location of Fundraiser: _____

City, State/ZIP Code: _____

Nature of Fundraising Activity (i.e. dinner, walk/run, Bowl-A-Thon, etc.): _____

Method of Raising Funds: (check all that apply):
___ Ticket Sales ___ Auction ___ Donations ___ Sale of Goods (T-Shirts, etc.) ___ Other: _____

Target Audience: _____

Method of Publicizing: (check all that apply):

Direct Mail Flyer Church Bulletin Social Media Email Other: _____

Person Responsible for Maintaining/Delivering Fundraiser Proceeds to LMM:

Name/Title

Phone: (_____) _____

Email: _____

Anticipated Date of Delivering Proceeds to LMM: _____

Please Note: Your Third Party Fundraiser application will be declined if it is not signed by a representative of your company/organization and LMM.

Authorized Signatures

I have read and agree to all the terms and conditions in the LMM Third-Party Fundraiser Policy & Agreement. I understand that my event is not considered an approved event until written approval of my application is received from LMM. No amendment, modification or waiver of any of the terms and conditions contained in the policy or this document shall be valid unless in writing.

At no time shall LMM be responsible for the cost, planning or staffing of my event, nor will they be liable for personal injuries or damages to property which may occur during my event/promotion. I agree to indemnify and hold harmless LMM and their employees, agents and representatives, from any and every claim, demand, suit and payment related to or caused by my event.

Policy Submitted & Agreed Upon By:

Signature of Authorized Organizer

Print Name

Title

Date of Application By Organizer

For LMM Use Only

Fundraiser is: **Approved**

Declined

If declined, reason for decision: _____

Signature of LMM Vice President, Development & Communications

Date