



Team Fundraiser Application

Please copy form as needed.

Thank you and your team for your outstanding fundraising efforts!

The Lupus Foundation of America, Philadelphia Tri-State Chapter is more than happy to assist you with your upcoming Team Fundraiser. Please complete the application below and return to the Chapter office.

101 Greenwood Avenue | Suite 200 | Jenkintown, PA 19046

Fax: 215-517-8483 | Email: info@lupustristate.org

CONTACT INFORMATION

Name _____ Team Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

EVENT INFORMATION

Event Name _____ Fundraising Goal _____

Event Description _____

Event Location and Address _____

Date _____ Rain Date (if an outdoor event) _____

Start Time _____ Estimated End Time _____

Additional Information _____

SPECIAL REQUESTS

Please send me a solicitation letter for event donations

Please mail me educational materials (indicate anticipated number of guests) _____

Please mail me wristbands (indicate number requested) _____

NOTE: Minimum retail price is \$1. You are responsible to payback \$1 per wristband sold or kept, minus the first 30, and return wristbands that are not paid for or sold. First 30 wristbands are FREE as a thank you!

Other (please describe) _____

Applicant Signature

Date

Staff Signature

Date

Logo Sent / Approved (internal use only)