



Mercy Medical Center Merced Foundation

A Dignity Health Member

Third Party Fundraiser Interest Form

Thank you for your interest in raising funds for Mercy Foundation. Please take a few moments to complete this form. Prior to completing the form, you may find it helpful to read Mercy Foundation's Third Party Event Guidelines.

Contact Information

Name of Event Organizer: _____

Individual Corporation Non-profit

Contact Name: _____

Address: _____ City/State/Zip: _____

Contact Phone: _____ Email: _____

Event Information

Name of Proposed Event: _____

This is annual event

Event Date: _____ Location: _____

Address of Event Location: _____

Please briefly describe the event (including ticket price or entrance fees if applicable).

What area of Mercy Medical Center will be the beneficiary of your funds and why?



Mercy Medical Center Merced Foundation.

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Please outline how you will promote the event. Enclose any marketing material for the event.

Please share any other pertinent information

Please share with us your proposed event budget:

| | |
|---|--|
| Total revenue anticipated | |
| Total expenses projected | |
| Anticipated contribution to Mercy Foundation | |
| Other | |

I have received, understand, and agree to comply with the rules and regulations for conducting a Third Party Fundraiser as described by the Mercy Foundation:

| | | |
|-------------------------|-------|-----------|
| _____ | _____ | _____ |
| Event Organizer (print) | Date | Signature |

| | | |
|---------------------------------|-------|-----------|
| _____ | _____ | _____ |
| Mercy Foundation Representative | Date | Signature |

Please return to:

Shelby Davidson, Annual Giving Coordinator

Mercy Medical Center Foundation

2740 M Street

Merced, Ca 95340

Phone 209.564.4200

Fax 209.564.4220

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