

Application to Fundraise on Behalf of MarineParents.com, Inc.

Please check the type of fundraiser this will be:

- Corporate Sponsorship Payroll Deduction Solicitation of a Specific Group Exhibits Events
 Media Exposure Auctions, Raffles, 50/50 Drawings Established Fundraising Programs

Select the fund or program you will fundraise for: Purple Heart Family Support™

- Gold Star Family Support™ Care Package Project™ Operation Freedom Ballot MarineParents.com, INC

Are you fundraising as: Individual Company/Office Organization/Group

Company/Organization Name: _____

Personal Information

First Name: _____ Middle I: _____ Last Name: _____ Birthdate: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone:(____) _____ - _____ Cell Phone:(____) _____ - _____ E-mail: _____

Your Employer Information

Name of Employer: _____ Supervisor's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone:(____) _____ - _____ Position or Title: _____ Years Employed: _____

References

Name: _____ Relationship: _____

Phone:(____) _____ - _____ E-mail: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____

Phone:(____) _____ - _____ E-mail: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip Code: _____

The following questions are specific to your fundraiser.

1. Please describe your fundraiser plan in detail: _____

(Attach additional pages if necessary.)

2. What is the goal amount you plan to raise (*dollar amount*)? _____

3. Number of people you anticipate contacting or participating in the fundraiser: _____

4. Who will be your target audience? _____

5. What date(s) will you hold the fundraiser? _____

6. Will your fundraiser be held at a specific location? YES NO

If YES: Name of Venue: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Person of Contact at Venue

Name: _____

Phone (____) _____ - _____ Ext: _____ E-mail: _____

Cost of venue (*dollar amount*): _____

7. Will there be costs associated with your plan? YES NO

If YES: Please explain. _____

8. Does this require public speaking? If yes, please explain: _____

9. Will you be making a flyer/poster/letter/etc? YES NO

If YES: Please send all materials to be approved to Marine Parent.com, Inc either by:

E-mail: OpCoord@MarineParents.com

OR

Mail: Marine Parents.com, Inc

Attn: OpCoord Fundraising

P.O. Box 1115

Columbia, MO 65205

Fax: 573/303-5502

10. What materials will you be asking us to provide? Indicate approximate quantities below:

- | | |
|--|--|
| ____ Marine Parents brochures | ____ Marine Parents bookmarks |
| ____ Marine Parents Recruit brochures | ____ Marine Parents Recruit bookmarks |
| ____ Operation PAL brochures | ____ Marine Family Network bookmarks |
| ____ Team Marine Parents brochures | ____ Overview of Marine Parents.com, Inc |
| ____ Purple Heart Family Support brochures | ____ Presentation folders |
| ____ Care Package Project brochures | ____ Letter from Marine Parents approving fundraiser |
| ____ Marine Parents Fundraiser posters | ____ Marine Parents business cards |

Other: _____

By signature below, I certify that the information on this application and its supporting documents is accurate and complete. I authorize MarineParents.com, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize my references and employer if listed, without liability, to make full response to any inquiries in connection with this application. If requested, I agree to submit to a criminal and credit background investigation. I understand that this document is NOT an approval of fundraising and does NOT constitute a contract for soliciting donations. I agree that I will not begin solicitation or additional work to implement the fundraiser, provisional or otherwise, unless and until I receive the official fundraising letter of approval from MarineParents.com, Inc.

Print your Name: _____

Your Signature: _____ Date: _____