



Community Partner Event Request Form

Check here if this event will benefit your Walk team

If you would like to raise money to help those living with ALS, more commonly known as Lou Gehrig’s Disease, then you are a “Community Partner”. We are grateful that you want to help!

A “Community Partner” fundraising event is defined by The ALS Association as any fundraising conducted by an individual or group where The ALS Association has no fiduciary responsibilities and little or no staff involvement. Please note that in order to endorse an event, The ALS Association requires that all community partner organizers submit a completed Community Partner Event Request Form before initiating any activity.

Are you ready to start planning? If so, The ALS Association Northern Ohio Chapter has various tools to help guide you through the planning, organizing and managing phases of your event. Please print a hard copy and complete this form then mail or fax to us at the address below, so that we will be aware of your efforts. Please note that once the request is reviewed, we will contact you to answer any questions and discuss defining the roles and responsibilities of both your group and The ALS Association. This agreement will clearly define the roles and expectations of both your group and The ALS Association and help ensure that everyone involved has a satisfying experience.

The ALS Association Northern Ohio Chapter
 Attn: Megan Coyle
 2500 East 22nd Street, Suite 102
 Cleveland, Ohio 44115

Thank you again for your interest in helping individuals with ALS. If you have any questions, please contact Megan Coyle, Development & Special Event Coordinator, at 888.592.2572 or megan@alsaohio.org.

***Denotes a required field**

*Event Name:
Group Name:
Company Name:
*Contact Information:
*Full Name:
*Email:
*Address:
*City/State/Zip:
*Phone Number:



The ALS Association Northern Ohio Chapter
 2500 East 22nd Street, Suite 102 • Cleveland, Ohio 44115
 216.592.2572 • 888.592.2572 toll free • 216.592.2575 fax • www.alsaohio.org • alsa@alsaohio.org

How will the event be publicized?

- Advertisements
- Press Releases
- Promotional Flyers
- Public Service Announcements
- Social Networking (Facebook/MySpace)
- Other _____
- None

Please check all the items/support you will require from The ALS Association Northern Ohio Chapter.

- ALS Association Literature (brochures, fact sheets etc.)
- ALS Association Display (table cloth, table top display-you will need to provide a table)
- Banner
- Logo (The Chapter must approve logo use)
- Article in the Chapter newsletter (please provide article. If applicable, submit a graphic in a jpeg format)
- Post event on Chapter website (please provide article. If applicable, submit a graphic in a jpeg format)
- Other _____

List all businesses you intend to solicit for sponsorship or in-kind contributions:

Budget/Fundraising Information: _____

Gross (Total) Projected Revenue: _____

Total Projected Expenses: _____

Actual Amount Raised (filled out post event): _____

Do you intend to share the net proceeds with another organization? Yes No

If yes, is this beneficiary a 501(c)(3) organization? Yes No

If yes, please identify the additional beneficiary:

