



Fundraiser Application

Thank you for your interest in raising money to support the services of Tri-Cities Chaplaincy. Donations are extremely important and your interest in partnering with us is greatly appreciated.

Name of Company/Organization: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

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

Date(s) of event/activity: _____

Location & Address of event/activity: _____

Description of event/activity: _____

Will other organizations receive a portion of the income? Yes ____ No ____

I have read Tri-Cities Chaplaincy's Third-Party Fundraising Guidelines and understand and agree to the terms of the agreement.

Signature of Responsible Party

Date

Thank you for your interest in partnering with Tri Cities Chaplaincy in providing expert guidance during illness and grief through hospice, palliative care, and grief care.

Please submit application to:

Tri-Cities Chaplaincy

ATTN: Philanthropy Department

1480 Fowler St., Richland, WA 99352

fundraising@tccbestlife.org | (509) 783-7416