

Heroes for Hope Fundraising Event Application

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| First Name: | Last Name: | |
| Address: | | |
| City: | State: | Zip: |
| Email: | Telephone: | |
| Website of organization (if applicable): | | |
| Is this a 501(c)(3) organization? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you organized a fundraiser before? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please describe that fundraiser (in 100 words or less). | | |
| Why do you want to raise money for SSPF? (in 100 words or less) | | |
| Describe the event you plan to hold. Title/Description: | | |
| Date: | Time: | |
| Location: | | |
| Cost (if any) to guests: | | |
| Will alcohol be served? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a fundraising goal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, how much? | <input type="checkbox"/> \$100-\$500 | <input type="checkbox"/> \$500-\$1,000 |
| | <input type="checkbox"/> \$1,000-\$5,000 | <input type="checkbox"/> \$5,000-\$8,000 |
| | <input type="checkbox"/> Over \$8,000 | |
| Do you wish to use the SSPF logo? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you intend to promote the event? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please tell us your promotion plans (100 words or less) | | |
| Do you want SSPF to provide you with a sample press release? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will any other not-for-profit organization be included in your plans? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, will they receive a portion of the proceeds? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please send your completed application to:

**Heroes for Hope Committee
Sam Schmidt Paralysis Foundation
P.O. Box 3661
Princeton, N.J. 08543-3661**

Thank you for your interest in becoming a Hero for Hope. The committee will contact you shortly.