



THE VIRGINIA VETERANS SERVICES FOUNDATION

Fundraising Registration Form

Thank you for your willingness to assist our Virginia Veterans and their Families

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1. **Type of Event and Event Name/Title:**

 2. **Name of the Sponsoring Organization and Mailing Address:**
Name:
Address:
City:

 3. **Brief description of the Organization:**

 4. **Date and Time of the Event:**

 5. **Location of the Event (Facility Name and Street Address):**
Name:
Address:
City:

 6. **Point of Contact for Event:**
Name:
Address:
City: **ZIP:**
Phone: **Cell Number:**
Email Address:

 7. **Is the Event open to the public?**

 8. **Website(s) on which Event will be posted:**

 9. **What percent or amount of the net proceeds, less expenses, will be donated?**

 10. **Requested support from the Foundation or Program staff:**

 11. **Foundation/Staff Contact Person:**

 12. **Other Information:**