

MAM (Memorial Assistance Ministries) Third Party Fundraising Agreement

2. Contact Name:				
Title:	Phone: _		Fax:	
E-Mail:	Web	site:		
Address:				
City:	State:	Zip:		
B. Date(s) of event/pron	notion:			
Location of event & ac	ldress:			
5. Description of event/	activity (i.e., basic con	cept/promotio	n/goal):	
5. How do you plan to pu flyers, television, etc.				
/. Projected Minimum/I to MAM.	Maximum Dollars \$	/ \$	or	% of inco
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to MAM. B. Will other organization (If yes, please indicate with income they will receive	ons receive a portion who they are and the dre.)	of the income lollar amount \$? Yes N	o % of
to MAM. 8. Will other organization (If yes, please indicate with income they will receive). Proposed use of MAM	ons receive a portion who they are and the dre.)	of the income ollar amount \$ teral materia	? Yes N or _	o % of
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When you fundraise for MAM you are helping families gain the strength to overcome their obstacles! Thank you!



(If yes, please specifically state		,
11. In what way would you like (No later than 30 days after event)	to submit your	final contribution to MAM?
Please Circle all that apply:	Check	Online Credit Card
	Cash	Event Participant Checks
12. Is there any other additional	il information a	about the event you would like to
I have read the enclosed MAM Tagree to all of the terms. MAM s	Third-Party Evental	ent Guidelines and understand and ole to any vendor or third party for any
I have read the enclosed MAM 7	Third-Party Eventh in the liable of the liab	ent Guidelines and understand and ole to any vendor or third party for any

Contact:

Christina Finley, Development Officer Memorial Assistance Ministries 1625 Blalock Houston, TX 77080 cfinley@maministries.org

Once the application is submitted, you will be contacted to discuss the details of the agreement as well as each organization's responsibilities.

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