

FUNDRAISER REGISTRATION FORM



**WOUNDED
WARRIORS**
of COLLIER COUNTY

Thank you for your interest in raising funds for Wounded Warriors of Collier County (WWCC), a 501(c)3 nonprofit that is committed to ensuring no veteran is left behind in Collier County.

Please complete the form and email it to info@wwcollier.org.

Once reviewed, a WWCC representative will contact you about your proposed fundraiser.

ORGANIZER'S NAME:

HOST ORGANIZATION/COMPANY NAME, IF APPLICABLE:

PHONE:

EMAIL:

If under age 18, please list the name of your parent/guardian:

PARENT/GUARDIAN :

PHONE:

ADDRESS:

EVENT NAME:

TYPE OF FUNDRAISER:

WHERE WOULD THE EVENT TAKE PLACE?

PROPOSED DATE OF FUNDRAISER:

PLEASE PROVIDE A DESCRIPTION OF THE EVENT (50 - 100 words):

WHAT IS YOUR FUNDRAISING GOAL? \$

HOW WILL YOU PUBLICIZE THE EVENT? (50 words or less)

HAVE YOU HOSTED A FUNDRAISING EVENT FOR WWCC BEFORE? YES NO

I understand this event is pending approval by Wounded Warriors of Collier County (WWCC) and that I may not use the WWCC name until I have received and signed a copy of an agreement from an authorized representative of WWCC.