



**Shriners Hospitals**  
for Children™

**SHRINERS HOSPITALS FOR CHILDREN  
THIRD PARTY FUND-RAISING REQUEST APPROVAL FORM**

(Attach this form to sponsor's mission statement  
Or submit to E-mail address: [apasmas@shrinenet.org](mailto:apasmas@shrinenet.org) or fax to 813-281-8460

Request submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Representing \_\_\_\_\_ Shriners Hospitals or \_\_\_\_\_ Shrine Temple

Request date: \_\_\_\_\_ Was this event held in prior year for SHC?  YES  NO

Event Coordinator(s): \_\_\_\_\_

Corporate Sponsor's name (If applicable): \_\_\_\_\_

Coordinator(s) mailing address: \_\_\_\_\_

Coordinator(s) phone number(s) Ofc: ( ) - - Fax: ( ) - -

Email address (If available): \_\_\_\_\_

Type of event: \_\_\_\_\_ Event date(s): \_\_\_\_\_

Event location: \_\_\_\_\_

Indicate proposed proceeds distribution:

\_\_\_\_\_ 100% Net Proceeds For Benefit of Shriners Hospitals for Children

OR \_\_\_\_\_ Other

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Chairmen's approval date: \_\_\_\_\_ State solicitation filing verified by: \_\_\_\_\_

Date event was closed on: \_\_\_\_\_ Total amount donated: \$ \_\_\_\_\_

NOTE: Copy of donation check is to be sent to A.J. Pasma, Corporate Fundraising Coordinator or fax to 813-281-8460.

FYI: Shriners Hospitals for Children bylaws Section 503.11 states "the use of the name Shriners Hospitals for Children or reference to the Hospitals in connection with any commercial product or business enterprise is prohibited unless the written consent of its boards of directors and trustees has been first obtained".