# Outside Organization/Group
# Community Event Proposal

Thank you for notifying Hospice of Queen Anne's and proposing a fundraising event to benefit Hospice of Queen Anne's. Please take a moment to complete the details of your proposed event.

Today Date: _____

Name of Organization/Group: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Organization/Group Address: _____

_____

Event Date/Time: _____

Event Name: _____

Event Location: _____

Please describe type of event, details of the event and how organization/group will be raising funds:

_____
_____
_____
_____
_____

A representative from Hospice of Queen Anne's will be in contact with you shortly to discuss your proposed event.
Community event organizers for events benefiting HQA will need to sign an agreement indicating their understanding of our policy.

***Thank you!***

***For questions or more information, contact:***

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