

CIRCLE OF FRIENDS APPLICATION

Thank you for your interest in participating in the Circle of Friends as a volunteer fundraiser! By joining the Fistula Foundation's Circle of Friends program, you become an important part of the effort to restore health and dignity to women devastated by obstetric fistula.

MAIL

The Fistula Foundation
1900 The Alameda
Suite 500
San Jose, California 95126

FAX

408.244.7328

When we have received and approved your application, we will send you a letter describing the details of the Circle of Friends program. You will then be provided with tips on fundraising and specially-designed information materials about the Fistula Foundation.

If you have questions or concerns, please contact us at 866-756-3700 or email us at circle@fistulafoundation.org

EVENT ORGANIZER INFORMATION

The Fistula Foundation does not share its mailing list with external organizations. All information you provide is confidential.

Full Name _____

Street Address _____

City, State, Zip/Postal Code _____

Country _____

Primary Phone: Home Work Mobile _____

Secondary Phone: Home Work Mobile _____

Email _____

Please send me periodic updates via: email mail

Please do not contact me



1. How did you hear about the Fistula Foundation?

- Television/Radio show (please let us know which one): _____
- Newspaper/Magazine (please let us know which one): _____
- Internet search (please indicate referring website): _____
- From a friend
- Other (please describe): _____

2. What kind of fundraiser do you propose to hold?

- DVD Screening Party
 - Group Sponsorship
 - Letter Circle
 - Yard Sale
 - An Evening Out
 - Holiday Gift Wrapping
 - Other (please describe): _____
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3. What is the date of the fundraiser (or the start and end dates of the fundraising campaign)?

Event date: _____
Campaign start date: _____ Campaign end date: _____

4. How many people do you expect to participate/donate?

- 1 - 10
- 10 - 25
- 25 - 100
- 100+

5. How much money do you hope to raise?

- <\$100
- 100 - \$500
- \$500 - \$1,000
- \$1,000 - \$5,000
- \$5,000+

6. Do you have any previous fundraising experience?

- No
 - Yes (please describe): _____
-

7. What assistance/support will you need from the Fistula Foundation?

- Materials packet: FAQ lists, media clips, flyer, donation form (available as printer-ready computer files)
- Posting for your event on the Fistula Foundation website
- Other (please describe): _____

8. Will you be using materials provided by the Fistula Foundation or creating your own?

- Using materials provided by the Fistula Foundation
- Creating my own materials (please describe): _____