**Medical University of South Carolina Fundraiser Application**

We’re so excited you or your organization wants to host a community fundraiser or fundraising event! Our work would not be possible without your support.

Before you begin planning, please read our [third-party fundraising guidelines](https://giving.musc.edu/-/sm/giving/f/musc-third-party-fundraising-guidelines-2022.ashx) and fill out the application below. Please submit your completed application before you start promoting your event. We will contact you within two to five business days regarding your application status.

Questions? Contact us at 843-792-7719 or ia-events@musc.edu

\*Denotes a required field

**Basic Information**

1. Name of Individual/Organization/Group Planning the Event\*:
2. Is your organization a non-profit? Yes [ ] No [ ]
3. Organization’s Purpose:
4. Relationship with MUSC (for example: Grateful Patient, Faculty/Staff, Alumnus):

**Non-MUSC (3rd Party Host) Contact Information**

1. First Name\*:
2. Last Name\*:
3. Business Title\*:
4. Address Line 1\*:
5. City/State/Zip\*:
6. Phone\*:
7. Email\*:

**Event Information**

1. Event Name\*:
2. Event Date(s)\*:
3. Event Time(s)\*:
4. Event Venue Address:
5. Event Venue City/State/ZIP\*:
If more than one date/time/address list below:

**Event Description**

1. Please give a brief description of the fundraising event\*:
2. I would like the money raised to go to\*:
3. Has this event taken place before? Yes [ ] No [ ]

If yes, please include a hyperlink to the previous event's web page:

1. Projected number of attendees\*:
2. The event is\*: By Invitation Only [ ] or Open to the Public [ ]
3. Please list any corporate sponsors that will be involved: