

The Cooper Foundation is deeply grateful for your interest in hosting a fundraising event to benefit our patients and programs. Community-led fundraisers play a vital role in bringing people together, raising awareness, and making a meaningful impact on healthcare in South Jersey. To help set you up for success, we've created this form and guidelines to clarify roles and responsibilities.

Please complete this form and return it to The Cooper Foundation via email to [elk-tara@cooperhealth.edu](mailto:elk-tara@cooperhealth.edu).

## EVENT/FUNDRAISER INFORMATION

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**NAME OF FUNDRAISER:**

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**EVENT/FUNDRAISER DESCRIPTION:**

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**FUNDRAISER DATE:**

**FUNDRAISER TIME:**

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**FUNDRAISER LOCATION:**

## ADDITIONAL EVENT/FUNDRAISER INFORMATION

**THIS FUNDRAISER IS:**  OPEN TO THE PUBLIC  BY INVITATION OR TICKET PURCHASE ONLY

**I PLAN TO RAISE MONEY THROUGH:** *Check all that apply*

SPONSORSHIPS  TICKET SALES  PRODUCT SALES  BASKET RAFFLE OR AUCTION  
 OTHER \_\_\_\_\_

**EVENT EXPENSES WILL BE PAID BY/FROM THE:**

EVENT PROCEEDS  EVENT ORGANIZER  EVENT SPONSORS

**THE COOPER FOUNDATION**  IS THE SOLE BENEFICIARY  IS NOT THE SOLE BENEFICIARY

If applicable, please list additional beneficiaries: \_\_\_\_\_

**PROMOTION**

**I WILL PROMOTE MY FUNDRAISER THROUGH:**

SOCIAL MEDIA  FLYERS  EVENT WEBSITE

OTHER

EVENT WEBSITE, IF APPLICABLE

Do you need The Cooper Foundation to design a flyer?

I would like to use The Cooper Foundation’s name on promotional materials, and this is limited to stating The Cooper Foundation is the beneficiary of the fundraiser.

YES  NO

In using The Cooper Foundation’s name, I agree to submit for approval a draft of all promotional materials prior to printing, publishing or releasing them.

YES  NO *Promotional materials should be submitted for approval to Tara Elk at elk-tara@cooperhealth.edu.*

The Cooper Foundation has my permission to use the above event information on all digital philanthropy channels, including but not limited to Facebook, Instagram, digital newsletter and The Cooper Foundation website.

I understand that I am not permitted to use The Cooper Foundation’s name or tax-id number to apply for permits, licenses or raffle items.

**CONTACT INFORMATION**

**CONTACT NAME** **ORGANIZATION**

**EMAIL** **PREFERRED PHONE**

**STREET ADDRESS**

**CITY/ STATE / ZIP**

We thank you for your interest in supporting The Cooper Foundation. Please complete this form and return it to The Cooper Foundation via email to elk-tara@cooperhealth.edu.

**THE COOPER FOUNDATION** • 101 HADDON AVE, SUITE 302 • CAMDEN, NJ 08103 • 856.342.2222  
THE COOPER FOUNDATION IS A NOT-FOR-PROFIT, TAX-EXEMPT ORGANIZATION. OUR FEDERAL TAX ID# IS 22-2213715.

