

## UPMC Hillman Cancer Center Community Partner Event Application

Please complete this form and submit to [givetohillman@upmc.edu](mailto:givetohillman@upmc.edu) 60 days prior to the event.

Allow 10 business days for review and response.

DATE:

Contact Information		
Contact Name:	Phone:	Email:
Address:		
Organization Name:	Are you a 501 (c)(3) organization? ___ Yes ___ No	
Event Information		
Event Name:	Date of Event:	
Start/End Times:	Location:	
Event Description:		
Estimated Number of Attendees:	This event is: ___ open to the public ___ by invitation only	
This event will include: ___ Auction ___ Raffle * Note that certain gaming events (e.g. raffles, bingo) require a license.		
How often will you conduct the fundraiser: ___ once ___ annually ___ on-going		
Budget Information		
Cost to Attend/Participate:	Estimated Event Income:	Estimated Event Expenses:
Is UPMC Hillman Cancer Center the sole beneficiary of the event? ___ Yes ___ No If applicable, list additional beneficiaries:		
Proceeds to Benefit (Fund/Program):		
Expected Donation Amount to UPMC Hillman:		
Date Funds will be Received by UPMC Hillman:		
Publicity/Promotion		
List or attach a list of businesses and individuals that you plan to solicit for cash or in-kind gifts (e.g. products and services):		
List or attach a list of potential vendors:		
List how you plan to market/publicize the event or attach your marketing plan:		

I have reviewed and agree to following the UPMC Hillman Cancer Center community events guidelines.

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Signature

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Date

Expenses for your event should not exceed 25% of the income raised.

Please return the completed form to [givetohillman@upmc.edu](mailto:givetohillman@upmc.edu) or to the address listed below:

Development Office  
Attn: Volunteer Coordinator  
UPMC Cancer Pavilion  
5150 Centre Ave, Suite 1B  
Pittsburgh, PA 15232

Contact Us

Telephone: (412) 623-4700

Email: [givetohillman@upmc.edu](mailto:givetohillman@upmc.edu)