

# "The Next Chapter"

## The Campaign for Coyle Free Library

### Community Fundraising Form

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Thank you for choosing the Campaign for Coyle Free Library as the beneficiary of your fundraising activity. We appreciate your support of our mission. We are excited to hear about your event and how we can help you make it as successful as possible.

Please complete this form at least 8 weeks prior to your anticipated event.

If you have any questions, please contact Cheryl Brown, campaign manager, at 717-658-0961 or e-mail her at [makeadifference99@yahoo.com](mailto:makeadifference99@yahoo.com).

#### **CONTACT INFORMATION**

Organization or Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### **PROPOSED EVENT DETAILS**

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

How often will you be holding this event? \_\_\_\_\_ annually \_\_\_\_\_ one time only

Other: \_\_\_\_\_

#### **ASSISTANCE / NEEDS**

Would you like a FCLS representative at the event? \_\_\_\_\_

If so, is there a specific task you would like them to do? \_\_\_\_\_

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Would you like information about FCLS and The Campaign for Coyle Free Library for participants at the event? \_\_\_\_\_ How many? \_\_\_\_\_

Do you need a door prize from FCLS? \_\_\_\_\_

**PUBLICITY**

How will you be advertising this event? \_\_\_\_\_

Do you have flier for FCLS to approve/assist with? \_\_\_\_\_ If yes, please attach.

Are you seeking use of the Coyle Campaign Logo? \_\_\_\_\_

**ANTICIPATED INCOME**

How much do you expect to raise from this event? \$ \_\_\_\_\_

How much do you plan to donate to "The Next Chapter" The Campaign for Coyle Free Library? \$ \_\_\_\_\_

What is the expected date of your check presentation? \_\_\_\_\_

FCLS will generate a press release for this check presentation.

**ADDITIONAL INFORMATION**

Is there any other special information that you would like us to know about your event? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date Signed and Submitted: \_\_\_\_\_

Kindly complete this form at least 8 weeks prior to your event.

Please submit this completed form to:

Franklin County Library System

The Campaign for Colye Free Library

101 Ragged Edge Road, South

Chambersburg, PA 17202

You will be notified within one week of receipt of this proposal as to your event approval status.

**FOR FCLS OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Date Contacted Event Organizer: \_\_\_\_\_

Status: \_\_\_\_\_

Funds Donated to the Coyle Campaign: \_\_\_\_\_ Date Funds Received: \_\_\_\_\_