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Fundraiser Event Request

Benefit Name: _____

Device(s) / Equipment Needed: _____

Estimated Value(s): _____

Event Coordinator: _____

Address: _____

Phone / Email: _____

Relationship to Applicant: _____

Fundraiser Type: _____

Fundraiser Date: _____

Fundraiser Location: _____

Assistance Needed from FOFTA: _____
