RONALD MCDONALD HOUSE CHARITIES OF ARKANSAS

THIRD PARTY FUND RAISING

EVENT DESCRIPTION

Name of Organization _____

Address _____City _____ State _____ Zip _____

Organization Contact_____

Phone _____ Fax _____ Email _____

Name of Event _____

Date _____ Time _____ Location _____

Description of Event

_____

_____

_____

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_____ _____ _____

Signed Title Date