



APPLICATION FOR AUTHORIZATION TO CANVASS

Date: _____
Day / Month / Year

Name of Applicant: _____

Phone: _____

Address: _____

Contact Name: _____
Fax: _____
Email: _____

What specific purpose will the money raised be used for?

Method of fundraising: _____

Officers of the Organization:

Name: _____ Position Held: _____ Phone: _____

Occupation: _____ Address: _____

Name: _____ Position Held _____ Phone: _____

Occupation: _____ Address: _____

Location(s) of Fundraiser/Event: _____

Date of Fundraiser/Event: Start Date _____ End Date _____

Estimated Fundraiser/Event Revenue & Expenses:

Revenue Goal		\$ _____
Planned Expenses	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Net Revenue		\$ _____
Net Revenue Donated to STARS		\$ _____

STARS Recognition Program

STARS recognizes the integral role individuals, communities, organizations, businesses and corporations play in assisting operational initiatives and projects of the Shock Trauma Air Rescue Society. Our program recognizes **net revenue donated**. **Gift in kind donations** are not included in the event total. Receipts and recognition are provided to the **gift in kind donor**.

Privacy of Information

STARS respects the privacy of our event partners. This information is used for fundraising and receipting purposes and will not be shared with other organizations.

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