

The Summit Center Autism Walk

3rd Party Fundraiser Application



Contact Information

Name of group/organization planning fundraising event: _____

Name of individual(s) in charge of event/contact person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Event Information

Type of Fundraising Event: _____

Date/Time of Fundraiser: _____

Location of Fundraiser: _____

Event is (Circle): Open to the Public Invitation Only Ticket Price: \$ _____ Table Price: \$ _____

Has this event taken place before?(Circle) Yes No Will this be an annual event? Yes No

Please describe fundraiser: _____



Thank you for your support! Please return this application to:

Email: gabriella.albert@thesummitcenter.org

Mail: The Summit Center
Attn: Summit Autism Walk
150 Stahl Road
Getzville, NY 14068

Questions? Call Development at 716.629.3423
or visit SummitWalk.org to learn more!