



## The Summit Center 2023 Autism Walk

# 3RD PARTY FUNDRAISING 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: Open to the Public Invitation Only | Ticket Price: \$ \_\_\_\_ Table Price: \$ \_\_\_\_

Has this event taken place before? Yes No | Will this be an annual event? Yes No

Please describe the fundraiser: \_\_\_\_\_

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



**Email:** [awerth@thesummitcenter.org](mailto:awerth@thesummitcenter.org)

**Mail:** The Summit Center

**Questions?** Call Development at 716.629.3423 or visit

Attn: Autism Walk  
75 Pineview Dr, Ste 200  
Amherst, NY 14228

[SummitAutismWalk.org](http://SummitAutismWalk.org) to learn more!