



RONALD MCDONALD
HOUSE CHARITIES
OF BALTIMORE

Benefit Approval Form

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Brief description of proposed event, including location:

Date of Event: _____ Event Duration: _____

What businesses, individuals or foundations will be approached for underwriting, sponsorship, in-kind giving, or other contributions to help your event?

What incentives (if any) will be offered to these sponsors for their participation?

What promotional events are planned?

Admission charge: Yes No Amount \$ _____

Expected number of guests: _____

How and where will tickets be sold?



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Will the event benefit other organizations? Yes No

Names of other organizations:

Other way(s) in which funds will be raised:

Percentage of gross revenue to be donated to RMH: % _____

Expected donation to Ronald McDonald House \$ _____

RMH Representative for Check Presentation or Speaking Engagement?

Yes No

Press Attending? Yes No

Date of Presentation: _____

Number of Persons Expected: _____

Materials, if needed?

Other Details:



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Within sixty (60) days of the completion of the scheduled event,
all net proceeds will be delivered to:

Debbie Hood
Ronald McDonald House
635 W. Lexington Street
Baltimore, Maryland 21201
410.528.1010 x105
dhood@rmhcbaltimore.org

I have read the attached Benefit Approval Guidelines of Ronald McDonald
House Charities of Baltimore, Inc., and I agree to comply with all guidelines.

Signature of contact person

Thank you for supporting the Ronald McDonald House!