

# Request a Fundraising Action Kit

We would like to know about your event to try to help with guidelines and materials.



Please fill out the form below and mail it to: Attn: Charlie Kunzer  
Doctors Without Borders  
333 Seventh Ave, 2nd Floor  
New York, NY 10001

*\* Required information*

## Contact Information

## Event Information

Name of organization or group:

Name of event \*

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Contact person \*

Estimated number of attendees \_\_\_\_\_

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Start date \_\_\_\_\_

Address \*

End date \_\_\_\_\_

*Leave blank for one day events*

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Location of event \*

City, State \* \_\_\_\_\_

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Zip Code \* \_\_\_\_\_

Address

Telephone \* \_\_\_\_\_

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Fax \_\_\_\_\_

City, State \_\_\_\_\_

E-mail \_\_\_\_\_

Zip Code \_\_\_\_\_

Please briefly describe the event and how funds will be raised \*

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If you would like, we can send you a fundraiser Action Kit containing a DVD, posters, handouts, fact sheets, template flyers and other materials that are useful when organizing a fundraiser.

**Would you like to receive a fundraising Action Kit?** (circle one)      YES    NO

Thank you so much for your interest in holding a fundraiser for Doctors Without Borders. We are truly honored that you selected our organization as the beneficiary.