



EVENT PROMOTION FLYER REQUEST FORM  
FOR APPROVED MATCHING FUNDS & VOLUNTEER SERVICE PROJECTS

Date: \_\_\_\_\_

Chapter No: \_\_\_\_\_

Chapter Contact: \_\_\_\_\_  
(name/phone/e-mail address)

Event Title: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Time(s): \_\_\_\_\_

Event Location: \_\_\_\_\_

Location Address: \_\_\_\_\_

Contact for more information: \_\_\_\_\_

Who are you raising funds for: \_\_\_\_\_

What is their mission/Why this cause?  
(in the case of an individual, is this to help with medical bills, to replace items lost in a fire, etc.?)

Complete Event Details: \_\_\_\_\_

Would you like printed copies of this flyer? \_\_\_\_\_ If yes, how many? \_\_\_\_\_  
*(the cost of printing flyers is \$5 for each 25 printed. The cost will be deducted from your chapter's Chapter Promotion Grant.)*

Please direct any questions to Karen Deschaine at 810-985-5191 ext. 281.