



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 annual Promotion Grant.)

Please direct any questions to Michelle Archer in the Chapter Development Department at 810-985-5191. ext. 281.