



**Mohawk Hudson Humane Society  
Third Party Fundraiser & Event Guidelines**

Business/Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has your business/organization worked with MHHS in the past?  Yes  No

**Proposed Event**

1. Name of Event \_\_\_\_\_

2. Event Location \_\_\_\_\_

3. Date \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

4. Brief Event Description (Please include how your event will benefit MHHS and homeless animals.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. This event is a: (Please check all that apply.)  fundraiser  animal awareness/education event

adoption event  community festival  other (please explain)

6. Expected attendance \_\_\_\_\_

7. Who do you expect to attend? (Please check all that apply.)  adults  children  your customers/clients

employees  media  other (please explain) \_\_\_\_\_

8. How do you plan to promote the event? (Please check all that apply.)  flyers/banner  print ad

TV/radio spot  Facebook  your webpage  newsletter/e-news  other \_\_\_\_\_

9. Please list all organizations involved with this event \_\_\_\_\_

10. Do you request MHHS's presence at the event?  Yes  No  Would be nice, but not required.

11. Do you require animals at this event?  Yes  No  Would be nice, but not required.

11a. If YES, what animals would you like MHHS to bring?  dogs  cats  rabbits/small animals  
(Please note that availability of animals for events is conditional and subject to approval from animal care staff.)

11b. Will there be other animals at this event?  Yes  No

12. Please list below anything you wish for MHHS to provide to contribute to the success of this event. We will try to meet your requests, but please bear in mind that we are funded by donations and the generosity of people like yourself. Therefore, we try to minimize our expenses and focus on our mission of caring for and finding good homes for pets in need.

Please be specific in your requests for what you would like MHHS to provide. (i.e. tent, adoption applications, leashes, accessories that animals might need) \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Please email this form to [events@mohawkhumane.org](mailto:events@mohawkhumane.org) or fax to (518) 434-0217.

***Thank you for your interest in helping the animals!***

**For MHHS Staff Use**

Date Received \_\_\_\_\_

Follow Up by \_\_\_\_\_

Outcome/Notes \_\_\_\_\_