

**EVENT ORGANIZER DONATION FORM**

Please complete the attached form at the end of your event and return with donations.

**Remember that the event number must be referenced on any event donation(s) in order to tie the funds to the correct event.**

Name of Event Organizer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultant #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event #: \_\_\_\_\_\_\_\_\_ Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date: \_\_\_\_\_\_\_\_\_\_

Event City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person/s to receive recognition for event:

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

Please provide a brief description of the event:

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

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

Photos:

|  |  |
| --- | --- |
|  | I am enclosing pictures of this event |
|  | I have e-mailed pictures to [MKCares\_Events@marykayfoundation.org](mailto:MKCares_Events@marykayfoundation.org) |
|  | We do not have photos to share |

Enclosed is a donation of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for

|  |  |
| --- | --- |
|  | Cancers that Affect Women |
|  | Violence Against Women |
|  | Both (General) |

Additional donations that should be credited to this event will come from:

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

**Please make checks payable and mail to:** The Mary Kay Foundation   
P.O. Box 799044   
Dallas, Texas 75379-9044