



Combat Feathers Fundraising Application

P.O Box 514, Somersville, CT 06072

Your Name: _____

Address: _____

City/State: _____

Home Phone: _____

Cell Phone: _____

Please describe the type of fundraising event you are planning: _____

What is the date of the fundraiser: _____

Where will your fundraiser take place: _____

What type of support will you need from Combat Feathers: _____

Do you plan on having alcohol at your event: Yes No **If you are planning on having alcohol at your event, please understand that as the organizer, it is at your discretion and liability.**

What is your anticipated fundraising goal for Combat Feathers: _____

Do you have any specific questions for Combat Feathers: _____

Please scan and email this application to Linda Perry, Executive Director of Combat Feathers, at lperry@combatfeathers.org. If you have any questions, please don't hesitate to call Linda at 860.593.5331.

I hereby attest that all the information on this page is correct and that I understand the alcohol policy.

Signature _____ Date: _____

You will receive a response within 5 business days.

THANK YOU FOR YOUR APPLICATION!