



Application for Charity Event Recipient for Unchained Charities Inc.

Parents Name :

Address :

Phone Number :

Email :

Child's Name / Age :

Name of child's disability/Disease :

Detailed description of the disorder. Please use a separate sheet of paper (we would prefer a separate flier with photos of the child if possible .)

What are the family's needs? Ex. Medical expenses/equipment need not covered by insurance, Travel expenses, financial debt due to disorder etc.

What Unchained Charities Inc. needs from you:

In order to make our even successful, we need your full support. We hold our event at establishments that allow us to do our own catering. We do this because we would rather our supporters give their money to the cause then have to pay out of pocket for their meal. Everyone chips in to create an endless buffet of food. Although we will be out on a daily basis promoting this event to out local riders, brother clubs, friends and family etc. We will be counting on you to do the same. Get your friends and families involved in this event. They will not be disappointed! Every year we have delicious food, great entertainment, and tons of raffle items and door prizes. We have lots of local businesses donate gift cards, silent auction items and money. If you have suggestions or connections, now is the time to put them to use! We would also like to be able to count on you and your family to be at the event each year. We want our charity family to grow, we also look forward to your support in our future events.

Please fill out and return to PO Box 594 Finksburg MD 21048-0594
Or email to unchainedfewmc@gmail.com