



**Youth Ambassador Program
Fundraising Proposal Form**

Volunteer Name

Date of Birth

Mailing Address

City _____ State _____ Zip Code _____.

Email _____ Phone Number _____.

What inspired you to fundraise for UCI Health?

How will money be raised?

- Sale of goods
- Event entry fee
- Donations
- Fundraising event
- _____

If you have indicated you plan to host a fundraising event, please complete the attached form.



Fundraising Event Information

Name of Proposed Event

Event Date, Time & Location

Brief Description of Event

How do you plan to advertise the event?

This event will be:

- Open to the public
- By invitation only

How many people do you expect will attend the event?
