



**A Cause for Today...
A Cure for Tomorrow.**

Fundraiser Event Registration

Organizer Name _____

Mailing Address _____

Phone Number _____ **Email** _____

Event Date _____ **Event Time** _____

Event Location _____

Description of Fundraiser _____

Expected Funds to be Raised _____ **Estimated Cost of Fundraiser** _____

Do you have a connection to cardiomyopathy? _____

We look forward to working with you on your fundraising event. Please fax this registration form to 201.227.7016 or email Jennifer Hivry at jhivry@childrenscardiomyopathy.org. Once we receive your event registration form, a member of our fundraising team will contact you. In the meantime, you may contact Jennifer Hivry at 866-808-2873 x 903 for assistance.