



**Palmer Drug Abuse Program McAllen**  
115 N. 9th St. McAllen, TX 78501  
Ph: 956-687-7714  
Fax: 956-687-5306

## PERMISSION TO FUNDRAISE

**Sponsoring Organization:** \_\_\_\_\_

**Organization Advisor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**E-mail:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

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**Event Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Fundraiser Proposed: (Please provide a brief description of the fundraiser)**

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

**Percentage of earnings that will be donated:** \_\_\_\_\_ %

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I agree to conduct all fundraising activities in a lawful manner and must not do anything that could damage PDAP McAllen's reputation.

I agree that PDAP McAllen is not liable for any injury, damage, or loss sustained as a result of any fundraising activities.

I agree that we are not acting as employees or representatives of PDAP McAllen.

I agree that I am entirely responsible for any expenses incurred to promote or implement the fundraising activities.

I agree to provide donation earnings to PDAP McAllen within 14 days of our fundraiser.

\_\_\_\_\_  
**Name(Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**Please deliver any cash donations in the form of one lump sum check payable to Palmer Drug Abuse Program McAllen.**

**Thank you for registering to host a fundraiser on behalf of PDAP McAllen. We really appreciate it.**