

Event Request Form

Submit to Kerry Gerossie via email: kgerossie@nh-cc.org
or mail to: CCNH, 100 William Loeb Drive Unit 3, Manchester, NH 03109.

Questions? Call Kerry at 603-663-0211

Event Name:		_
Start Date:	End Date:	
Start Time:	End Time:	
Name of Contact for	ent:	_
Business/Organization	Name:	
Phone number:	E-mail address:	
Mailing address:		
Description of event:		
Location of event:		_ _
This event will collect Event website (if app	☐ Goods ☐ Monetary donations ☐ Both	
Is this event benefitting	a specific CCNH program? Yes No if yes, which program:	
Does this event bene	or involve any other organizations? ☐ Yes ☐ No	
If yes, please describ		
Is this event open to	public? ☐ Yes ☐ No	_
•	om CCNH or specific program (check all that apply. All requests are subject to availability and approval) bsite (http://www.cc-nh.org)	
☐ CCNH or specifi	program promotional materials (ex: newsletters, brochures, social media)	
□Other:		
Opportunity for CCNI	orogram informational table? ☐ Yes ☐ No	
Opportunity for CCNI	orogram staff/volunteer to speak? ☐ Yes ☐ No	
	plan for this event? (Please attach all press releases, ads, or copy for PSAs that you plan to use to prome can be sent at a later date.)	ote this –
	you are acknowledging that mention of Catholic Charities NH and/or a CCNH specific program as a benese of information from the website (https://www.cc-nh.org) must be approved in advance by CCNH.	— ⊢ ⊧ficiary
Person completing th	form:	
	submit this form via email: kgerossie@nh-cc.org or mail to: Catholic Charities New Hampshire, ATTN: Kerry Gerossie, 100 William Loeb Drive Unit 3, Manchester, NH 03109	_
cor office use only:	Date Received:Approved:	