



TAPS Fundraising & Partnership Form

Date Submitted: _____

Contact Name:

Company / Organization:

Address:

Telephone:

Fax:

Email:

Website:

Event / Program Name:

Description:

Event Date(s):

Location(s):

Fundraising goal:

How will the fundraiser be publicized and/or promoted:

How will donations be transferred (check, credit card, ...):

How do you plan to use the TAPS logo and name:

What type of support are you requesting from TAPS:

Any additional information:

Please return this form by email to development@taps.org or mail to: TAPS, 3033 Wilson Blvd.
Third Floor, Arlington, VA 22201.

THANK YOU !!

Office use: Date approved:

TAPS official:

Caring for the Families of our Fallen Heroes