



FloridaMedical
ASSOCIATION
ALLIANCE

FMA ALLIANCE AWARDS OF EXCELLENCE
Application for County Fundraiser

Please note this award will NOT be dependent on the greatest dollar amount raised.

Alliance Name:
County President:
Contact person and email:
Address:
City/State/Zip:
Project Name:
Project Chair:

How many volunteers participated?

How much time was given to the project?

How many people benefited from this program?

How much money was raised?

How was the money used or distributed to recipients?

Describe your fundraiser. What did you do, who did it benefit and how many people participated?

Describe the impact that the project had on the community. Did you include the local community or focus on medical families/friends only? How much community involvement did you have?
