**Fundraising Event Proposal**

Please Print

**Fundraiser / Event Coordinator**

Name(s):

Name of Organization (if applicable):

Address: City: State: Zip:

Phone (work): (home): (cell):

Fax: Email:

# Event Information

Name of proposed event:

Event Date: Event Time:

Event Location:

Please provide ALL relevant information about your event/activity/project, including how the money will be raised:

 Raffle  Auction  Entry fee  Donations  other

How do you plan to advertise your event/activity/project:

How many people do you expect to attend the event:

Which of the following best describes the type of fundraising you would like to undertake?

 Raffle  Golf Day

 Donation Box/Collection Tin  Fun Run/Walk

 Work/School Charity Day  Sports Day

 Art & Craft Exhibition/Sale  Trivia Night

 BBQ/Luncheon  Open Garden

 Family Fun Day  Sales - % of proceeds

 Auction/Dinner  Vehicle Rally

 Charity Ball  Bus Tour

 Entertainment/Dance/Music  Fashion Show

 Bicycle/Motorcycle Ride  Other (please specify)

# Budget Information

How much money do you plan to raise for *Company*?

Will a permit be needed for this event? Do you have or intend to seek public liability insurance for your event?  Yes  No

# Budget Information (cont’d)

Budget – Keep Track of Income and Expenses

You can raise more money if you treat your event like a business. Revenue is the key. Turn every expense into a revenue stream by selling sponsorships to cover the cost and more (profit). Keep track of all income and expenses and don’t spend more than you earn. *(Goal: Keep expenses at 15-20 % of revenue)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Proposed Income** | **Quantity** | **Description** | **Amount** | **Total** |
| Sponsorship |  |  |  |  |
| Ticket Sales |  |  |  |  |
| Donation |  |  |  |  |
| Auction/Raffle |  |  |  |  |
| Signage |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

**Total Income**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expense** | **Quantity** | **Description** | **Cost** | **Total** |
| Venue hire |  |  |  |  |
| Catering |  |  |  |  |
| Entertainment |  |  |  |  |
| Décor |  |  |  |  |
| Signage/Banners |  |  |  |  |
| Advertisements |  |  |  |  |
| Bags |  |  |  |  |
| Giveaways |  |  |  |  |
| T-shirts |  |  |  |  |
| Hats |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

Total Expenses

Net income

**Company’s Support**

I would like to request the following support/assistance from SFA:

 Use Company logo

 Company brochures/literature

 Company Ambassador at your event\*

 Presence on company website

 Announcements to company constituents

 Other

Support and assistance will be assessed on a case-by-case basis and will depend on anticipated crowd size, potential earnings and availability of materials and guest speaker.

# What we would like to know about you

Have you raised money for SFA before?  Yes  No

Do you plan to hold fundraising events for SFA on an ongoing basis?  Yes  No  Not Sure

What is your motivation to raise funds for SFA? Would you like to keep up to date with SFA events?  Yes  No

If yes, would you prefer the information by:  Mail  Email

# Disclaimer and Fundraising Agreement

I accept the terms and conditions of the Company’s Fundraising Agreement. I agree to conduct my event/activity/project in accordance with those terms and conditions and in a manner that upholds the integrity of the Sarcoma Foundation of America.

I have read and I agree to abide by the agreement of *Company’s name* and indemnify from and against any claim for injuries or damage arising at or from the project/event that is subject of this proposal.

Does your organization understand and agree that all publicity from the proposed event must be approved by the *Company’s name* prior to being released and printed.  Yes  No

Signature: Date:

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# Company’s Approval

Approved by: Company’s Manager

Name: Signature:

Date: