

THIRD PARTY FUNDRAISER PROPOSAL FORM

Contact Name _____

Organization _____

Address _____

(City) (State) (Zip code)

Telephone _____

(Daytime) (Evening) (Cell)

Fax _____ email _____

1. Name of the event _____

2. Please describe the event detail: _____

3. Date of Event: _____ Time _____

4. Location/ Address: _____

5. Does the event require a license: _____yes _____no

6. How will funds be raised (e.g. ticket sales, space/table sales, auction, raffles, sponsorships etc.)?

7.

8. What is the estimate revenue to be generated from the event?

Total revenue

