



Fundraising Event Proposal

Fundraiser / Event Coordinator

Please Print

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?

- | | |
|--|---|
| <input type="checkbox"/> Raffle | <input type="checkbox"/> Golf Day |
| <input type="checkbox"/> Donation Box/Collection Tin | <input type="checkbox"/> Fun Run/Walk |
| <input type="checkbox"/> Work/School Charity Day | <input type="checkbox"/> Sports Day |
| <input type="checkbox"/> Art & Craft Exhibition/Sale | <input type="checkbox"/> Trivia Night |
| <input type="checkbox"/> BBQ/Luncheon | <input type="checkbox"/> Open Garden |
| <input type="checkbox"/> Family Fun Day | <input type="checkbox"/> Sales - % of proceeds |
| <input type="checkbox"/> Auction/Dinner | <input type="checkbox"/> Vehicle Rally |
| <input type="checkbox"/> Charity Ball | <input type="checkbox"/> Bus Tour |
| <input type="checkbox"/> Entertainment/Dance/Music | <input type="checkbox"/> Fashion Show |
| <input type="checkbox"/> Bicycle/Motorcycle Ride | <input type="checkbox"/> Other (please specify) _____ |

Budget Information

How much money do you plan to raise for SFA? _____

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				
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 _____

SFA Support

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

- | | |
|--|--|
| <input type="checkbox"/> Use SFA logo | <input type="checkbox"/> Presence on SFA website |
| <input type="checkbox"/> SFA brochures/literature | <input type="checkbox"/> Announcements to SFA constituents |
| <input type="checkbox"/> SFA Ambassador at your event* | <input type="checkbox"/> 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 SFA 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 Sarcoma Foundation of America and indemnify Sarcoma Foundation of America 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 Sarcoma Foundation of America prior to being released and printed. Yes No

Signature: _____ Date: _____

Please return completed Fundraising Proposal to: 9899 Main Street, Suite 204, Damascus, MD 20872; and/or fax or email to 301-253-8690 or pguzman@curesarcoma.org.

SFA Approval

Approved by: SFA Chapter Manager

Name: _____ Signature: _____

Date: _____