



Phelan-McDermid Syndrome Foundation

200 Capri Isles Boulevard | Suite 7F Venice, Florida 34292 | (941)485-8000 | <http://pmsf.org>

PMSF Fundraising Event Proposal & Agreement Form

CONTACT INFORMATION

Group/Organization: _____

Contact person: _____

Address: _____

Phone: _____ Email: _____@_____

The Phelan-McDermid Syndrome Foundation (PMSF) is pleased that you have expressed interest in conducting a third-party fundraising event to support the purposes of PMSF. This agreement outlines your understanding about hosting such an event.

PROPOSED EVENT DETAILS

Name of proposed event: _____

Date(s) scheduled: _____ Time: _____

Location: _____
(venue and street address)

(city) (state) (zip code)

(event website)

Briefly describe the event (e.g. Walk A Thon, Golf Tournament, Concert, Penny Drive, etc.):

How will funds be raised (e.g. ticket sales, sponsorships, auction, raffle, etc.)?

Does your event require a license? ____ yes ____ no Are you serving liquor? ____ yes ____ no

Please note that certain gaming events such as raffles or bingo require registration and licensing that vary by state. Also, note that you may be responsible for securing a liquor license or permit.

How will the event be marketed/publicized (e.g. invitation, press releases, flyers, radio/TV/printed ads, etc.)? _____

Will you need to order swag? ____ yes ____ no

Are there other beneficiaries of the event? ____ yes ____ no

If yes, please specify which organizations and what % PMSF will receive: _____

PMSF Fundraising Event Proposal Agreement 5_30_17.docx | 5/30/17

PMSF is a 501 (c) 3 charitable organization. A copy of the official registration and financial information may be obtained from the division of consumer services by calling toll-free 1-800-HELP-FLA (1-800-435-7352) within the state or at www.FloridaConsumerHelp.com. Registration does not imply endorsement, approval, or recommendation by the state. FL State Registration number: CH31971. Fed Tax ID#04-3673104. PMSF reserves the right to list donor's names in print and on-line publications. For a complete explanation of our thanking policies and for all other state information, please visit www.pmsf.org



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ANTICIPATED EVENT BUDGET

\$ _____ Anticipated event income
\$ _____ Anticipated event expenses
\$ _____ Anticipated net event revenue
_____ Estimated date funds will be received by PMSF

PROPOSED USE OF PMSF LOGO

Are you requesting to use or display the PMSF logo for your event? ____ yes ____ no

How do you propose to use the logo? _____

Beginning and ending dates of event promotion and execution: _____
Please note: Use of PMSF logos, when approved, are subject to timely submission and approval of examples of each actual use and are to be employed about and for the duration of your fundraising event only.

PLEASE COMPLETE AND SIGN ACCEPTANCE OF GUIDELINES BELOW

SIGNED ACCEPTANCE OF GUIDELINES

I/we have read the Third-Party Fundraising Guidelines for PMSF and agree to follow them and any additional terms agreed to with the foundation about the event for its benefit. By publically advertising PMSF as the recipient of proceeds for the events, I/we accept the obligation to provide the full amount of the indicated proceeds to the foundation within 60 days of the event.

Submitted by:

Print Name

Title /Organization

Signature

Date

Accepted by:

Print Name

Title /Organization

Signature

Date

☐ Other terms and conditions agreed on and attached.

Please return completed to:
PMSF Third-Party Events
200 Capri Isles Blvd., Suite 7F
Venice, Florida, 34292
jen@pmsf.org

*This proposal will be reviewed and a response provided within 14 days of receipt.
Thank you for selecting PMSF as your charity of choice.*