

**Fundraising Event Proposal**

SFA EIN #52-2275294

Phone: 301-253-8687

Fax: 301-253-8690

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 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 |  |  |  |  |

**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:

 Use SFA logo

 SFA brochures/literature

 SFA Ambassador at your event\*

 Presence on SFA website

 Announcements to SFA 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 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: