



3rd Party Fundraiser, Event or Promotion

Proposal Form

Contact Name _____

Organization _____

Address _____

Phone _____ email _____

1. Please describe the event or promotion in detail: date(s), location(s), time(s), etc.

2. Please list all parties involved with the event (individuals, organizations, media, etc.)

3. What is the total amount of revenue you estimate will be generated from the event?
 - Total revenue anticipated _____
 - Total expenses projected _____
 - Estimated amount that will be donated _____
 - Other _____

4. Please outline how you will promote the event and submit copies of the materials to be used.
 - Media
 - Print
 - TV
 - Radio
 - Public Relations (agency or in-house)
 - Paid Advertising
 - Brochures/flyers
 - Signs or Banners
 - Direct Mail
 - Other

5. Would you like materials on our programs and services to display at your event?
6. What are the proposed responsibilities for the Ovarian Cancer Project?
7. Are you requesting staff/volunteer support for your event?
8. Please include any other pertinent information.
9. Why did you choose the Ovarian Cancer Project?

Please return the completed form and agreement to:

Ovarian Cancer Project
ATTN: Kathleen Maxian
P.O. Box 1002
Williamsville, New York 14231

Please contact Kathleen Maxian with any questions:
kmaxian@ovariancancerproject.org
716-458-0382



FUNDRAISING EVENT AGREEMENT

We have received the Ovarian Cancer Project's Rules and Regulations and agree to comply with them in connection with the (event name) _____
_____ scheduled for (date of event) _____

Today's Date

I understand and agree to comply with the rules and regulations for conducting a third-party fundraiser.

Event Organizer (signed)

President
Ovarian Cancer Project

Organization

Contact Name (printed)

Phone Number & e-mail address