Fundraising Event Proposal Form

Arizona Burn Foundation (ABF)

Date: _____ Company / Organization: _____

Address: _____ City: _____ State: ____ ZIP: _____

Phone: (_____)_____ Contact Person: _____

Brief Description of Sponsor: _____

_____

_____

Co-Sponsor: _____

Date of Event: _____ Time of Event: _____ Location: _____

Description of Event or Appeal: _____

_____

_____

_____

Will alcoholic beverages be served? Yes _____ No _____

Is insurance required for this event? Yes _____ No _____

If yes, what insurance company will be used? _____

Do you require assistance from the ABF staff? Yes _____ No _____

Will admission be charged? Yes _____, Amount: $_____ No _____

Complimentary admission? Yes _____ No _____

If yes, for whom? _____

If you have an event budget, please send us a copy. If not, please estimate the following:

Major source of funds: ____ Admission ____ Entry Fee ____ Auction(s)

____ Sales ____ Pledges ____ Raffle/Door Prizes *

** Any proposed raffle should be discussed in detail with the Executive Director of the Arizona Burn Foundation*

How are event tickets sold / promoted? _____

_____

Anticipated Revenues: $_____ Anticipated Expenses: $_____

Percentage of the net proceeds to be donated to ABF: _____ 100% or _____%

If less than 100% please explain: _____

_____

Will the event also benefit another organization(s)? Yes _____ No _____

If "*Yes*", please list name(s) of organization(s): _____

_____

How many years has event been held? _____ 1st Year _____ Years

How often? _____ Annually _____ Single Event _____ Other

If other, please explain: _____

If required, has the sale of tickets been cleared with local government agencies?

Yes _____ No _____ N/A _____ If "*Yes*", what city? _____

Are you requesting the use of the ABF logo? Yes _____ No _____

If "*Yes*", where, when and how will it be used*? _____

_____

* *Printed material which includes the name & logo of the Arizona Burn Foundation, Inc. must be reviewed to ensure that it is consistent with our graphics requirements.*

Other comments: _____

_____

_____

List two contacts from your organization who are coordinating this event.

We hereby certify that the information provided on this form is true to the best of our knowledge. The undersigned understand the Fundraising Event Approval Policy Guidelines and agree to comply with them.

Name: _____	Name: _____
Title: _____	Title: _____
Signed: _____	Signed: _____
Date: _____	Date: _____

** Please complete in full, sign and return one original and one copy. Upon approval signed copy will be returned.*

ABF Approval:

X _____ Date: _____
Executive Vice President of Advancement

X _____ Date _____
CEO