

THIRD PARTY FUNDRAISING PROPOSAL FORM

Date: _____

Name of fundraising activity: _____

Organizer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip _____

Email: _____ Fax: _____

1. Nature of Third Party Fundraising:
2. Proposed Date(s) of fundraising:
 - 2a. Has this event taken place before: Yes No
If yes, when _____
 - 2b. Location:
 - 2c. Audience Demographics:
3. How will Children's Cancer Research Fund benefit? Are there other beneficiaries? If so, which organizations _____
4. How does this group expect to benefit from the fundraising activity?
5. Will there be corporate involvement or sponsorship?
6. How will partnership/event be promoted?
7. How will Children's Cancer Research Fund receive exposure?
8. Projected income and expenses from this event (provide a budget)
9. Projected donation to Children's Cancer Research Fund?

Please return this form to:
Children's Cancer Research Fund
Director of Events & Programs
7801 East Bush Lake Road, Suite 130
Minneapolis, MN 55439
(952) 893-9355 phone, (952) 893-9366 fax