



## Community Fundraising Partner Proposal

**Please return completed form to:**  
 Susan G. Komen Northeast Ohio  
 Community Fundraising Partnerships  
 5350 Transportation Blvd, Suite 22, Garfield Heights, OH 44125

Phone: 216-292-2873 Fax: 216-593-0160  
 email: [info@komenneohio.org](mailto:info@komenneohio.org)

<b>Event Specifics</b>
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Application Date: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Name: \_\_\_\_\_

Start Time/End Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Address: \_\_\_\_\_

Event Description: (Please describe the proposed event and explain how donations will be generated e.g. 100% of entry fees; \$5 for every tee shirt sold; 20% of product selling price, etc.) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Expected number of attendees:			
Planned Publicity/Promotion (List all including brochures, flyers, print ads posters, etc.)			
Potential Sponsors/Underwriters			
Is Komen Northeast Ohio the sole beneficiary of this event?	YES	NO	Name other organizations benefiting:
Breast Health Materials needed?	YES	For how many?	NO
Komen representative/speaker requested? (based on availability)	YES	Times needed:	NO
Can you provide general liability insurance (if required)?	YES		NO

Budget Information		
Projected Gross Income	Projected Expenses	Projected Donation

Please attach any additional budget details

Minimum Donation: \$ \_\_\_\_\_

*This is an amount that is guaranteed to be donated regardless of the success of the fundraiser. It is always possible to send in more than the stated minimum amount but minimum guarantee is requested.*

Contact Information
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Contact Person/Title: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone and Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant has read the Community Fundraising Partner guidelines and agrees to abide by them. Susan G. Komen Northeast Ohio is not liable to any party or vendor for any fees, costs, payments of any kind and Applicant agrees to indemnify and hold harmless the Foundation against any claim by third parties or vendors for such fees, costs or payments incurred pursuant to this agreement.

Signature \_\_\_\_\_

**Important ►** When we receive this completed form, we will prepare and send you our Letter of Agreement.

**Important ►** Please send us final copies of any promotional/publicity materials you create along with photos of your event.

We are grateful for your support and look forward to working with you!

If you have any questions, please contact Komen Northeast Ohio at

[info@komenneohio.org](mailto:info@komenneohio.org) or 216-292-2873.

