

# Fundraiser Proposal Form



Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Proposed Third Party Event	
Name of Event:	
Date:	
Location:	
Detailed event description:	

Expectations of DSAGC
Please describe in detail, the support expected from DSAGC (i.e. Marketing, Mailings, Promotion, etc.)

Anticipated Revenue and Expenses of Event
Anticipated Gross Income: \$ _____
Source(s) of Income: (i.e. ticket sales, sponsorship, auction, etc.)
Anticipated Expense Amount: \$ _____
Type of Expenses: (i.e. printing, food, venue, rental, etc.)

## Anticipated Sponsor of Event

1. Name:	Title:
Company:	
Request:	
2. Name:	Title:
Company:	
Request:	
3. Name:	Title:
Company:	
Request:	

## Event Organizers

<b>Primary Contact:</b>	
Street Address	
City ST ZIP	
Home Phone	
Work Phone	
E-Mail Address	
<b>Secondary Contact:</b>	
Street Address	
City ST Zip	
Home Phone:	
Work Phone:	
Email Address:	

## Agreement and Signature

I have read and agree to follow DSAGC's Third-Party Fundraiser Guidelines	
Name (printed)	
Signature	
Date	

## DSAGC Contact

Please forward this completed and signed form to:

Janet Gora

DSAGC 644 Linn St. #1128

Cincinnati, OH 45203

[Janet@dsagc.com](mailto:Janet@dsagc.com)

Thank you for completing this application form and for your interest in our organization