



## THIRD PARTY FUNDRAISING EVENT PROPOSAL FORM

Please complete and return to  
Colleen Fulkerson, Special Events Coordinator  
Epilepsy Association of Western and Central PA  
1501 Reedsdale Street, Suite 3002  
Pittsburgh, PA 15233  
[cfulkerson@eawcp.org](mailto:cfulkerson@eawcp.org)

Date submitted: \_\_\_\_\_

Name of host/organizer: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Full Address: \_\_\_\_\_

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

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

### PROPOSED EVENT INFORMATION

Event Name and Type: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Event Location and Address: \_\_\_\_\_

\_\_\_\_\_

Please provide a brief description of the event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



How will revenue be generated (admission fees, tickets, raffle, proceeds)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you require any of the following?

Staff member to attend the event?    \_\_\_ yes    \_\_\_ no

Logo usage for publicity?                \_\_\_ yes    \_\_\_ no

**BUDGET FORM**

Please track your budget using the following form:

EVENT BUDGET	PROJECTED AMOUNT	ACTUAL AMOUNT
Total Revenue	\$	\$
Total Cost (fill below)		
Venue	\$	\$
Printing	\$	\$
Prizes	\$	\$
Food/Beverage	\$	\$
Advertising	\$	\$
Other (specify)	\$	\$
TOTAL REVENUE – TOTAL COST =		

I, \_\_\_\_\_, understand that the Epilepsy Association of Western and Central PA reserves the right to approve or deny this proposition to host a third-party event on behalf of the Epilepsy Association of Western and Central PA. Pending approval, I agree to that the Epilepsy Association of Western and Central PA's name and logo are registered trademarks. I agree that a representative of the organization must approve this proposal and the use of its name and/or logo prior to publicizing or holding the event. By publicly naming the Epilepsy Association of Western and Central PA as the beneficiary of my event, I agree to donate the full amount of the proceeds raised within 30 days of the event date.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_