



## Fundraising Proposal

Please take a moment to complete the following information:

Contact Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Email \_\_\_\_\_ Contact Phone \_\_\_\_\_

Organization/Business Name \_\_\_\_\_

Event Name & Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Event \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Location/Address of Event \_\_\_\_\_

\_\_\_\_\_

How will your event benefit the shelter? \_\_\_\_\_

\_\_\_\_\_

Will you need a representative to participate in any portion of the event? YES NO

If yes, please specify \_\_\_\_\_

How and when will event donations/proceeds be delivered to the shelter? \_\_\_\_\_

\_\_\_\_\_

*Internal use only:*

Approved \_\_\_\_\_ Date \_\_\_\_\_

Pass \_\_\_\_\_ Date \_\_\_\_\_

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