



Susan G. Komen for the Cure Proposal Form for Third Party Events

Thank you for considering the Phoenix Affiliate of Susan G. Komen for the Cure to be the beneficiary of your fundraising program/event. Please read the *Guidelines for Special Events, Fundraisers and Promotions* on our website. Then complete this Proposal Form so we may review your proposal. Applicant understands that approval must be granted by the Komen Phoenix Affiliate and a Letter of Agreement must be executed by the parties before Applicant can plan or promote the proposed event. Please complete the proposal form below and fax to (602) 544-3366. Thank you!

STEP 1: Tell us about you and/or your organization

1.	Sponsoring organization's name:	
2.	Nature of the business:	
3.	Contact name:	
4.	Address, City, State, Zip:	
5.	Phone:	
6.	Email:	
7.	Website:	

STEP 2: Tell us how money will be raised for Susan G. Komen for the Cure

8.	Name of revenue generation idea, event, program:	
9.	How will the funds be raised? (sales, pledges, etc)	
10.	Please specify the exact percentage or dollar amount if the funds are being raised through sales.	
11.	Date/location of fundraising activities:	
12.	National or local focus:	
13.	When will the event begin? (month/day/time)	
14.	When will the event end? (month/day/time)	
15.	How much money do you expect to raise?	\$
16.	Anticipated net proceeds to Komen:	\$
17.	Will other charitable organizations benefit? If so, please name and describe extent.	

STEP 3: Tell us about the proposal elements and logistics

1. Describe how you plan to raise the funds?
2. What is your estimated revenue for this program/event?
3. What are the costs associated with this program/event?
4. How do you propose to use Komen's name and/or logo?
(ie. solicitation letters, invitations, flyers, press releases, point of purchase materials, web site, newsletter, other)
5. Have you ever coordinated or been involved in a project like this before? If so, please describe.
6. Can you provide general liability insurance in the amount of \$1 million if required?

Signature: _____ Date: _____

Printed Name: _____

Contact information: email: _____ Phone: _____

Our Promise: to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.