



Third-Party Fundraising – Application Form

Contact Information

Organization name: _____

Contact person/Organizer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email address: _____

Primary telephone: _____ Fax number: _____

Event Information

Event/Fundraiser name: _____

Event date: _____ Event time: _____

Event location: _____

Event address: _____

Description of event/fundraiser: _____

Estimated number of attendees/participants: _____

Targeted corporate sponsors (if applicable): _____

Event Income & Expense

How will the fundraiser be marketed: _____

Has the event/fundraiser been done before: Yes _____ No _____

If Yes, when: _____

Anticipated expenses: _____

Anticipated donation to the Paralyzed Veterans of America: _____

Percentage of the proceeds that will be donated to the Paralyzed Veterans: _____

The event must be legal. Paralyzed Veterans of America reserves the right to cancel this agreement at any time should the activities of the organizer, event or corporation hosting the fundraiser in the view of the Paralyzed Veterans of America, undermine the Paralyzed Veterans of Americas' work, vision, message and/or reputation.

THE ABOVE STATEMENTS & THE ATTACHED "THIRD-PARTY FUNDRAISING GUIDELINES" HAVE BEEN READ AND AGREED TO BY:

Date: _____

Contact person/Organizer: _____ (print)

Signature: _____

Thank you!