

WakeMed Foundation | Fundraising Proposal Application

Thank you for your interest in organizing a fundraising event to benefit the WakeMed Foundation. The WakeMed Foundation reviews all event proposals. To ensure we fully understand your event, please complete this form and e-mail, fax or mail it to us at the information listed at the bottom of the form.

Sponsor Information

Contact Name _____

Company Name/ Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

Web Site _____

Event Information

Name of Event _____

Date(s) and Time (s) of Event: _____

Event Location _____

Description of Event _____

Is this a first time event? Yes No If not, how many times has the event been held? _____

Are there any other beneficiaries? Yes No

If yes, please name _____

How will funds be raised? (Raffle tickets, Ticket sales, Auction, Sponsorships, etc.) _____

Who is the target audience? _____ Estimated attendance? _____

How will you promote this event? (Press releases, flyers, public service announcements, invitations, etc.)

Names of businesses and organizations (other than your own) that you will solicit for cash and/or in-kind

donations _____

Will any special event licenses be required for your event? Yes No

Please attach approvals by local authorities and evidence of insurance (if applicable).

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What, if any, support will be requested from the WakeMed Foundation? *(Someone to attend event, signage, volunteers, etc.)* _____

Why did you select the WakeMed Foundation as the beneficiary of your event? _____

Financial Information

Please estimate:

TOTAL PROCEEDS A. _____

EXPENSES B. _____

Include costs such as printing, food, entertainment, equipment rental, promotion, etc.)

NET PROCEEDS C. _____

(A minus B)

AMOUNT OF NET PROCEEDS DONATED TO WAKEMED FOUNDATION D. _____

(Sponsor is not liable for amount listed)

Anticipated date of your donation *(donations should be made within 30 days of your event)* _____

How do you plan to cover your expenses?

Signature

I agree that until written permission has been granted, contributions may not be solicited in the name of WakeMed Health & Hospitals and the name of the WakeMed Foundation and these names may not be used for any other purpose.

Information provided on this form is correct and accurately describes the proposed event.

Once final approval has been granted, I agree that I have read the Fundraising Event Guidelines provided by the WakeMed Foundation, and that the event held will adhere to these guidelines.

Signature

Date

Please fax this form to 919-350-8671; or scan and attach in an email to childrencantwait@wakemed.org;

Or mail to:

**The WakeMed Foundation
3000 New Bern Avenue
Raleigh, NC 27610**

You will be contacted if any further information is needed. If you have any questions regarding this form or your fundraising event, please contact the WakeMed Foundation at 919-350-7656,

For WakeMed Foundation Office Use Only:

Approved

Not Approved

Signature

Date