



FUNDRAISING EVENT APPLICATION

APPLICANT INFORMATION

Name of Individuals Responsible _____

Name of Group/Company (if applicable) _____

Mailing Address _____

Address Type Home Business

City _____ State _____ Zip Code _____

EVENT INFORMATION

Briefly describe the event _____

Target Audience _____

Number expected to attend the event? _____

How will the event be promoted? _____

What Breast Cancer Action materials would be useful to your event? _____

Purpose of funds raised? _____

Note: Unrestricted operating support is the most effective use of funds.

Continued on reverse...

PROJECTED FINANCIAL INFORMATION

How will funds be raised? Silent/Live Auction Ticket Sales
 Donations/Pledges Product Sales Please describe _____

 Corporate Sponsorship Please list prospective sponsors _____

 Other: _____

Revenue \$ _____ Expenses \$ _____

Estimated contribution to Breast Cancer Action \$ _____

Do you need Breast Cancer Action staff to assist you or speak at your event?

Yes No

Please explain: _____

The event sponsor shall indemnify and hold harmless Breast Cancer Action and its affiliates and their respective directors, officers, and employees from and against any and all fines, suits, proceedings, claims or demands of loss or damage, cost or expense whatsoever resulting directly or indirectly out of this agreement.

I have read, understood and agree to the Fundraising Guidelines attached hereto along with the conditions outlined on this form.

Name of Applicant (print) _____

Signature of Applicant _____

Date _____

Complete and return to:

Development Department, Breast Cancer Action
55 New Montgomery Street, Suite 323
San Francisco, CA 94105
Fax: 415-243-3996; Phone: 415-243-9301
Email: sharding@bcaction.org
Website: www.bcaction.org; www.thinkbeforeyoupink.org