



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

Thank you for considering the Mid-Missouri 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. Then complete this Proposal Form so we may review your proposal. **Applicant understands that approval must be granted by the Komen Mid-Missouri Affiliate and a Letter of Agreement must be executed by the parties before Applicant can plan or promote the proposed event.** Once completed, return to the attention of the Mid-Missouri Affiliate at office@komenmidmissouri.org or FAX to (888) 859-3214. 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.	Date/location of fundraising activities:	
11.	National or local focus:	
12.	When will the event begin? (month/day/time) When will the event end? (month/day/time)	
13.	How much money do you expect to raise?	
14.	Anticipated net proceeds to Komen:	
15.	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? (i.e. 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? Note: some events may require a larger amount of insurance coverage (motorized vehicles, horses, white water rafting, skiing, large concerts, helicopter and plane rides).

Signature: _____ Date: _____

Printed Name: _____

Email: _____ Phone: _____