

WBCC Third Party Fundraiser Form

Company/Organization: _____

Address: _____

Phone: _____ Email: _____

Proposed event name: _____

Description of event:

Date(s): _____

Time(s): _____

Location(s): _____

Expected # of attendees: _____

What are your plans for event promotion?

What is your fundraising goal for this event? _____

Is there anything else we should know?

Please email or mail promotional materials as they are available.

Return this completed proposal form to:

Executive Director, WBCC, PO Box 170031, Milwaukee, WI 53217

or to: wbcc@wibreastcancer.org

In signing below, I affirm that I have reviewed the Wisconsin Breast Cancer Coalition's Third Party Fundraising Guidelines (available at our website) and agree to comply with them. In particular, I understand that, as the event organizer, I shall indemnify and hold harmless the Wisconsin Breast Cancer Coalition from liabilities, losses, and expenses arising from the event or promotion.

Event Organizer Name (print): _____ Date: _____

Event Organizer Signature: _____

WBCC ED Signature: _____ Date : _____