

FUNDRAISING EVENT/ACTIVITY PROPOSAL FORM

LIVE WITHOUT FEAR

I. Organizer Information	
Name of sponsoring organization or individual:	
Contact person:	
Telephone: () Email:	
Address:	
City:	State: Zip:
\square I would like to subscribe to the HAVEN monthly e-newslet	tter.
2. Fundraising Event/Activity Information	
Name of event/activity:	
Description:	
Location:	
Date(s):	
Method of raising funds, including fees charged:	• •
Is HAVEN the sole beneficiary of this event/activity? ☐ Yes	□No
If no, who are the other beneficiaries?	
Please describe:	
Will you be publicly advertising this event/activity? \square Yes	□No
Any promotional material including HAVEN's name	me and/or logo must be approved in advance.
Who is your target audience?	Estimated attendance:
Is a Special Event Liquor License required for your event? Yes (Please attach approvals by local authorities and evidence of insurance. You and against any liability claims, damages or expenses due to or arising from	our organization must indemnify and hold harmless HAVEN from
Are you holding a raffle as part of your event? Yes No (A raffle license is required for all games of chance. HAVEN cannot provide another non-profit to obtain a raffle license, please tell us the organization	de raffle licenses for third party fundraising events. If you are utilizing



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What materials or expectations do you have fr materials, etc.)?		the event/activity, promotional
Note: We do our best to accommodate staff rep	presentation if requested, but cannot g	guarantee attendance.
3. Designate Use of Funds		
Please indicate where you want the donated fu	inds to be used.	
☐ Greatest Need ☐ Capital Campaign ☐ Residential Program ☐ Prevention Education	on 🛘 Other:	
4. Financial Information (Please estim	nate)	
Total proceeds	A. \$	
Expenses (include costs such as printing, food entertainment, equipment rental, promotion, e	B. \$	
Anticipated net proceeds that you expect to donate to HAVEN (A minus B)	C. \$	
Anticipated date of your donation:(Donations should be delivered/sent to HAVEN within 3		
I agree that the information provided in this do HAVEN Fundraising Guidelines document.	ocument is accurate and further agre	e to the terms set forth in the
Signature:		Date:
Send completed form to: HAVEN, Attn: Dev Or email: rdecker@haven-oakland.org. Call Rach		
Office use only:		
Date proposal received	Approved / Declined	Date applicant notified (EM / TT / LM)