



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: _____

I would like to subscribe to the HAVEN monthly e-newsletter.

2. Fundraising Event/Activity Information

Name of event/activity: _____

Description: _____

Location: _____

Date(s): _____ Time(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? Yes No

Any promotional material including HAVEN's name 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 No

(Please attach approvals by local authorities and evidence of insurance. Your organization must indemnify and hold harmless HAVEN from and against any liability claims, damages or expenses due to or arising from the event.)

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 raffle licenses for third party fundraising events. If you are utilizing another non-profit to obtain a raffle license, please tell us the organization's name: _____)

