



THIRD PARTY EVENT PROPOSAL FORM

Proposed Event/Promotion: _____

Date(s)/time: _____ Location: _____

Sponsoring Organization, Business: _____

Contact person: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____ E-mail: _____

Event description: _____

Have you held a fundraiser for us before? YES NO

If YES, please describe: _____

How will you raise money through this event? *Please provide promotional details/or plan (can be attached)*

Have you formed a committee to help organize this event? YES NO

Estimated number of participants: _____

How will you publicize this event? *Please provide promotional details/or plan (can be attached)*

Fundraising goal: \$ _____ Projected expenses: \$ _____

Estimated gift to Mary Grace Memorial Foundation: \$ _____

Is Mary Grace Memorial Foundation the sole beneficiary of proceeds? YES NO

If not, please explain. _____

Do you plan to seek gifts or donations or sponsorships from local businesses? YES NO

If yes, please provide a list of potential businesses. _____

SIGNATURE _____

Date _____

Why did you choose to do a special event or promotion for Mary Grace Memorial Foundation ?

Please complete the Third Party Proposal Form in its entirety, sign and date the Third Party Event Agreement and return to:

Special Events
Mary Grace Memorial Foundation
P.O. Box 1822
Medina, OH 44258
www.racewithgrace.com