

Gilda's Club Grand Rapids Community-Based Fundraising Interest Form



An Affiliate of the
CANCER SUPPORT COMMUNITY

Thank you for your interest in supporting Gilda's Club Grand Rapids.
A staff person will follow-up with you regarding your submission

If event details aren't finalized, please fill out to the best of your ability

Today's Date: _____

Date of Event: _____

General Information

Your Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email: _____

Have you previously raised funds or solicited goods for Gilda's Club Grand Rapids?

Yes No If yes, date: _____

Event

Name of Event: _____

Contact Person: _____

Day & Date of Event: _____ Time of Event: _____

Location of Event: _____

Event Address: _____

Who is the target audience? _____

Number of people expected? _____

Projected donation from the event (please attach budget details): \$ _____

Sponsors/Underwriters: Many area businesses support the mission of Gilda's Club Grand Rapids, prior to soliciting area companies for gifts larger than \$500 please check with Gilda's Club Grand Rapids staff to coordinate the request.

Description of Event: _____

Describe planned /publicity/promotional efforts: _____

Will any other charitable organization benefit from this event? _____

If so, please name and describe extent to which they will benefit: _____

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Assistance needed from Gilda's Club Grand Rapids (please check all that apply):

- Brochures and/or Program Calendars - If yes, quantity: _____
- Use of Logo
- Collection/Donation Envelopes
- GCCGR staff or representative (This will be depending on availability)
- Other, please explain: _____

Other Needs/Notes of Event: _____

Once you have received approval from Gilda's Club Grand Rapids, please note that ALL printed materials must be submitted for pre-approval to ensure proper use of our name and logo. The final copy should also be submitted to us for our files. The full name, Gilda's Club Grand Rapids, must be used in all materials pertaining to the event. Event names may not incorporate the name Gilda's Club Grand Rapids as in "Gilda's Club Silent Auction" but may use a secondary line to identify the relationship such as "Silent Auction to benefit Gilda's Club Grand Rapids."

Print name of person applying to host event

Signature

Please submit to:
Emily Poupard, Development Coordinator
Gilda's Club Grand Rapids
Third Party Event Application
1806 Bridge St NW
Grand Rapids, MI 49504
epoupard@gildasclubgr.org
616.453.8300 x120