



Friends of Olivia Foundation

Third Party Fundraising Proposal

Contact Information

Name/Type of Event: _____

Name of Organization/Business: _____

Contact Person: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Details of Proposed Event

Date & Time: _____ Location: _____

Estimated net proceeds to be donated to Friends of Olivia Foundation: \$ _____

Requirements

Banner:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Brochures:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Qty. _____
Press Kit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	FOOF Volunteers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. _____
Camera Ready Logo:	<input type="checkbox"/> Yes <input type="checkbox"/> No	FOOF Spokesperson:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will Income Tax Receipts be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Posters:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Promotion

How will the event be promoted? _____

Use of the Friends of Olivia Foundation logo must be approved by a Member of the Board of Directors. The logo may not be altered in any fashion

Release

Your organization/business will indemnify and save harmless The Friends of Olivia Foundation and its agents and servants from and all claims, losses, costs, damages, or injury arising from any fundraising efforts on behalf of the Friends of Olivia Foundation

Signature: _____

Date: _____

Approved: _____

Thank you thinking of the Friends of Olivia Foundation as your benefiting charity. Your generosity is appreciated