

## Fundraising Proposal Form

### Event Coordinator Details

Contact Person's Full Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

### Event Information

Please fill in the areas relevant to your fundraising project

Name of Event/Activity: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Venue Name: \_\_\_\_\_

Venue Address: \_\_\_\_\_

How will funds be raised? (e.g. ticket sales, auction, etc.):

\_\_\_\_\_

\_\_\_\_\_

Corporate Sponsors to be approached (if any): \_\_\_\_\_

### Event Budget

Please remember to keep expenses at or below 30% of your profit

Estimated Income: \$ \_\_\_\_\_

Estimated Expenses: \$ \_\_\_\_\_

Details of expenses (e.g. venue hire, advertising, catering, etc.): \_\_\_\_\_

\_\_\_\_\_

Estimated proceeds to Dementia Foundation for *Spark of Life*: \$ \_\_\_\_\_

### Agreement

I, \_\_\_\_\_ (event coordinator's name), agree to comply with the Fundraising Terms and Conditions for Dementia Foundation for *Spark of Life*. I understand my obligations include paying the proceeds to Dementia Foundation for *Spark of Life* within fourteen (14) days of the conclusion of the event/activity. I agree to indemnify Dementia Foundation for *Spark of Life* from and against any claims for injuries or damages arising at or from the event/activity.

Full Name

Signed:

Date: