



# Celebrate Differences

"Celebrating the Abilities of Those with Disabilities!"

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## Third Party Fundraiser Event Description Form

Thank you for thinking of Celebrate Differences as you plan your upcoming event. We appreciate your willingness to support the children and families that we serve. We ask all individuals and organizations to submit a Third-Party Fundraiser Event Description for approval prior to including CD as a beneficiary of your event. This will help to clearly establish the parameters and expectations for all parties involved in the activity.

Third-Party Fundraiser Event Description Forms should be submitted for approval no later than:

- 90 days prior if you wish to have Celebrate Differences cooperatively **produce** your event.
- 30 days prior to obtain approval for a **beneficiary** or **"piggy back"** event.

### PROPOSED THIRD-PARTY EVENT (Please Type or Print)

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

Date: \_\_\_\_\_

Locations: \_\_\_\_\_

Detailed Event Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EXPECTATIONS OF CD

Please describe in detail the support expected from CD (i.e. Volunteers- numbers, times, duties; Promotions – press releases, invitations, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ANTICIPATED COST & GROSS INCOME OF EVENT**

Anticipated Gross Income: \$ \_\_\_\_\_

Source(s) of Income: (i.e. ticket sales, sponsorships, auction, etc.) \_\_\_\_\_

Anticipated Corporate Sponsor(s): \_\_\_\_\_

Anticipated Expenses: \$ \_\_\_\_\_

Types of Expenses: (i.e. printing, food, location, etc.) \_\_\_\_\_

**EVENT ORGANIZERS**

Primary Contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Secondary Contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**I have read and agree to follow the Third-Party Fundraiser Guidelines of CD.**

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

*Your Third-Party Fundraiser Event Description Form will be reviewed upon receipt and you will be contacted to arrange a meeting to confirm CD's participation in this event.*

*Please forward this completed and signed form to:  
Bob Davis, CD Fundraising Chair  
[info@celebratedifferences.org](mailto:info@celebratedifferences.org)*

*Third-Party Fundraiser Event Description Form*