

## RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN WEST VIRGINIA ("RMHC")

## Fundraising/Event Activity Proposal Form

1. Organizer Informa	tion		
Name of organization	n or individual:		············
Contact person:			
Telephone:	Fax:	e-mail:	
Address:			·····
City:		State:	Zip:
2. Fundraising Activi	ty/Event Information		
Name of activity/eve	ent:		
Description:			
Location:			
Date(s) and times(s):			
Date activity/event w (Donations must be deli		WV within 30 business days of this c	late.)
Method of raising fur	nds, including fees charg	jed:	
Fundraising goal:			
		nern West Virginia the sole bene eficiaries? Please describe	eficiary of this activity/event?
, , , ,	n individual or organizati YesNo If Yes, j	on to help plan, manage or con please explain	duct the activity/event or to
Name(s) of any orgar activity/event, incluc		will have any contract or agreen	nent in relation to the
Will you be advertisir tasks? Please descrit		ivity/event?YesNo If	so, who will be handling these
		ern WV name or logo must be appr	
			stimated attendance:
Is a Special Event Liq	<i>uor License</i> required for y	your event?YesNo	

(Please attach approvals by local authorities and evidence of insurance. Your organization must indemnify and hold harmless Ronald McDonald House Charities of Southern West Virginia from and against any liability, claims, damages or expenses due to or arising from the event.)
Are you holding a raffle or an auction as part of your event?YesNo (Please attach a copy of your license, if required by State law. If you don't know how to obtain a license, please contact your attorney and/or state authorities.
Is your group a registered Section 501(c)(3) nonprofit organization? Yes No (If yes, please attach the Letter of Determination)
Does your organization have a charitable solicitation license? Yes No (If yes, please attach a copy to this form)
If an individual, do you have a professional fundraiser license? Yes No (If yes, please attach a copy to this form)
What are your expectations of Ronald McDonald House Charities of Southern West Virginia? (Staff representation at the fundraising activity/event, promotional materials, etc):

Note: We will do our best to accommodate staff representation if requested, but cannot guarantee attendance.

### 3. Use of Funds Suggestion

Please indicate any suggestions or preferences for the use of the donated funds. Ronald McDonald House Charities of Southern West Virginia will give consideration to suggestions, but reserves the right, in its sole discretion, to determine how charitable funds will be used.

#### 4. Financial Information

#### Please estimate:

 Total Proceeds
 A.\$\_\_\_\_\_

 Expenses (include costs such as printing, food,

entertainment, equipment rental, promotion, etc.) B.\$

Anticipated net proceeds C.\$\_\_\_\_\_(A minus B)

Estimate of net proceeds that you expect to donate to RMHC D.\$

Anticipated date of your donation:

# I agree that the information provided in this document is accurate and further agree to the terms set forth in Ronald McDonald House Charities of Southern West Virginia Fundraising Protocol document.

Signature:

Date:

All proceeds for the event(s) shall be delivered to RMHC of Southern WV within 30 days of the event.

Mail completed form to: Ronald McDonald House Charities of Southern West Virginia 910 Pennsylvania Avenue, Charleston, WV 25302

-OR- send an e-mail to: Bri@CharlestonRMHC.org

Thank you for your interest in raising funds for RMHC of Southern WV. You will be notified within ten (10) days of receipt of your completed form. Please be aware that further clarification may be needed prior to approval.

