

Women Playing For T.I.M.E.[®]



Fundraising Event Application

Thank you for thinking of Women Playing For T.I.M.E.[®] and for asking that we evaluate your event for the benefit of M. D. Anderson Cancer Center Orlando. To be sure that each event has the best possible chance for success, a formal evaluation process has been implemented. So that our Foundation Events Department can begin to evaluate your request, please complete and return the application as soon as possible. Preferred notice is 6 months or more prior to event date.

What is the working title/name of the event? _____

Primary Contact: _____
First name Last name

Street Address City State Zip Code

(____) _____ (____) _____
Day Phone Evening Phone Email Address

Is this event a first year or repeat event? _____

Is this a first year that this event has benefited WPFT[®]? _____

What is the nature of the event? _____

Please identify the following: _____
Proposed Date Proposed Time

Proposed Location (Include Address, if available) _____

What percentage of revenue generated by the event will benefit WPFT[®]? _____%

What is the projected dollar amount of your planned donation? _____

If the event is outside, what are the alternate plans in case of the inclement weather?

How will the event be promoted, including print & electronic methods?

Who are your targeted audiences and demographics? _____

(Continued)

Fundraising Event Application (continued)

How will individuals and/or corporations be invited to participate? _____

What is the cost to participate? _____

What is the projected attendance? _____

Who are the proposed event sponsors (including signature sponsor)? _____

What is the planning timeline, in detail, of the event? (If additional space is needed, please complete on a separate sheet and attach to form; recommended sample timelines available upon request.) _____

What is the estimated budget that will be necessary? _____

Who will handle incoming dollars? _____

Who will handle the expenses to be paid? _____

Who will acknowledge and receipt the participants? _____

What special materials are needed for this event that the Foundation will need to make available (Ex. Signage, banners, collateral, etc.)? _____

How will the event be promoted [(print, electronic, etc.)? Samples of all promotional items/communication require approval prior to use] _____

What media and marketing/advertising support is anticipated? _____

What kind of M. D. Anderson - Orlando organizational representation is desired at the event? _____

What are the expectations of support from the Orlando Regional Healthcare Foundation? _____

Please fax completed form to ATTN: Lynda Canatay (407) 425-8545