



THIRD PARTY PROPOSAL FORM

I. SPONSOR INFORMATION

1. Name of sponsoring organization/individual: _____
2. Contact person: _____
3. Address: _____
4. E-mail: _____ Website: _____
5. Telephone: _____ FAX: _____
6. Is your organization registered as a charitable organization under the Pennsylvania Solicitation of Funds for Charitable Purposes Act? Yes ___ No ___
7. If no, have you filed a statement of exemption? _____

II. EVENT INFORMATION

1. Who is organizing the event? Company Organization Individual
2. What is the nature of your business or organization? _____
3. Name and type of event: _____
4. Location: _____
5. Date(s) and time(s): _____
6. Date event will end: _____
(A breakdown of event revenues and receipts shall be delivered to the Society within 30 days of this date.)

7. Please describe the event and include any fees charged for admission or goods and services.

8. Expected Number of Participants: _____

9. Target Audience for the Event: _____

10. How will you be promoting the event? _____

11. Please attach approvals such as permits and licenses from local authorities and evidence of liability insurance.

III. USE OF FUNDS

1. Will the proceeds from your event be donated only to the Society?
Yes ___ No ___

2. If no, what other charities are involved? _____

3. Please indicate how your wish you contribution to be used:

- General Operating Support
- TLC Fund
- Foster Program
- Trap-Neuter-Return Program
- Other _____

IV. FINANCIAL INFORMATION

1. How will funds be raised?
Pledges _____ Auction _____ Ticket sales _____
Product Sales _____ Donations: _____
Other (please explain) _____

2. Gaming events: If there is to be any gaming at your event, a gaming license is required by law (please see the Society's Policies and Procedures for more information.)

Raffle _____ 50/50 Draw _____ Bingo _____

3. Are you approaching sponsors for the event? Yes ___ No ___
If yes, please list organizations being who will be approached:

4. Will you require tax receipts for this event? Yes ___ No ___ (please see the Society's Policies and Procedures for more information)

5. Within 30 days after the last day of the fund-raising event, please send your check or money order made payable to the Beaver County Humane Society, P.O. Box 63, Monaca, PA 15061.

V. SOCIETY INFORMATION

1. How do you expect the Society to be involved in your fundraiser? _____

2. Volunteers: Yes _____ No _____ If Yes, How many? _____ Hours? _____

3. Required Tasks? _____

4. Public Speaker: Yes _____ No _____ Please provide details: _____

5. Representation at Event: Yes _____ No _____ Please provide details: _____

NOTE: Staff involvement in your event will be subject to availability and based on event specific details. Please see the Society's Policies and Procedures for more information.

6. Will you require the Society's name or logo for promotional use?

Yes _____ No _____

If "Yes", on what type of materials? Please Specify:

NOTE: The Society must first approve the use of its name or logo on all materials. Please see the Society's Policies and Procedures for more information.

7. What materials from the Society would be useful to your event? Please indicate quantities.

8. Would you like the event to be listed on the Society's Web site? Yes _____ No _____
If yes, please provide a brief paragraph describing the event (including location and how to purchase tickets):

9. Other information the Society should know regarding your event

VI. SIGNATURE

Please review and sign one copy of this form and return it to:

Cailin Smith Rankin
Volunteer, Education, & Offsite Manager
Beaver County Humane Society
3394 Brodhead Rd.
Aliquippa, PA 15001

This form is due four (4) weeks prior to the proposed event. Completion of this form does not assure approval. Upon approval, you will receive an approved signed copy of the form for your records. If you have any questions regarding this form or your fund-raising event, please contact the Society.

By signing this document, I/we acknowledge receipt of the Beaver County Humane Society's Policies and Procedures for Third Party Fundraisers and agree to comply with all provisions in organizing and holding our fund-raising event. I/we also agree with the collection of any and all information the Society deems necessary to evaluate the event. I/we further attest that the information provided on this form is correct and accurately describes the proposed event. I/we agree to indemnify and hold the Society harmless for any expenses, losses, claims or damages resulting from the fund-raising event or the noncompliance with any term or provision of the Beaver County Humane Society's Policies and Procedures for Third Party Fundraisers.

Signature: _____
Print/Type Name: _____
Date: _____

On behalf of the animals and community served by the Beaver County Humane Society, our staff and the Board of Directors wish to thank you once again for reaching out to us and helping us with our mission. We can not possibly do all that is needed without your generous support!!!

Please return this form to:

Cailin Smith Rankin, Volunteer, Education, & Offsite Manager
Beaver County Humane Society
3394 Brodhead Rd., Aliquippa, PA 15001
Phone (724) 775-5801

For Office Use Only: _____

Date Reviewed: _____ Approved _____ Not approved _____
By: _____