



## 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 (medical care)
  - Humane Investigations Fund
  - Foster Program
  - Trap-Neuter-Return (TNR) 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, 3394 Brodhead Road, Aliquippa, PA 15001.

**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 or our Facebook page?

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:

Nick DiNuzzo  
Volunteer Coordinator  
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. 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: \_\_\_\_\_

**For Office Use Only:**

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Date Reviewed: \_\_\_\_\_ Approved \_\_\_\_\_ Not approved \_\_\_\_\_  
By: \_\_\_\_\_

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**Please complete below upon receipt of donations:**

Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_

Funds Received \$ \_\_\_\_\_

Good Received \_\_\_\_\_

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Contact Signature \_\_\_\_\_