



Beaver County Humane Society

Fundraiser Proposal & Agreement

I. Your Information

1. Name / Organization Name: _____
2. Contact Name: _____
3. Address: _____
4. Email: _____ Phone: _____
5. Website (if applicable): _____
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? Yes: _____ No: _____

II. Fundraiser Information

1. Name and Type of Fundraiser: _____
2. Location: _____
3. Date and Time of Fundraiser: _____
4. Fundraiser End Date: _____
A statement of fundraiser revenue and receipts must be delivered to BCHS within 30 days of this date.
5. Please describe the Fundraiser, including any admission, goods, or services fees.



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6. Will you be promoting your Fundraiser? Yes: ____ No: ____ If so, how?

III. Use of Funds

1. Will the proceeds from your Fundraiser be donated only to BCHS? Yes: ____ No: ____

2. If no, what other charities will receive proceeds?

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

IV. Financial Information

1. How will funds be raised?

Pledges: _____ Auction: _____ Ticket Sales: _____

Product Sales: _____ Donations: _____

Other (please explain): _____

2. If you're hosting an event involving tavern games, raffles, or other games of chance, a Small Games of Chance license is required by Pennsylvania law. Please attach a copy of your approved license, as applicable.

3. Please attach with your proposal any approved permits and/or licenses as well as evidence of liability insurance.



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4. Within 30 days of the end of your Fundraiser, please visit us at the shelter (3394 Brodhead Road, Aliquippa, PA 15001) with your cash or check; alternatively, you may mail your check to the shelter. Checks must be made payable to Beaver County Humane Society.

V. BCHS Information

1. Are you requesting BCHS representation at your Fundraiser? Yes: ____ No: ____
2. If yes, please explain what type of representation you're requesting.

*Representation is subject to staff, volunteer, and/or animal availability.
For questions, please call 724-775-5801 ext. 142.*

3. Are you requesting permission to use the BCHS logo for promotional use? Yes: ____ No: ____
4. If yes, specify how you will use the logo.

*Use of our name or logo without prior authorization is strictly prohibited.
For questions, please call 724-775-5801 ext. 142.*



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VI. Signature

Please complete this form and return it to us at least four (4) weeks prior to your Fundraiser date. Completion and submission of this form does not guarantee approval. BCHS reserves the right to deny approval for third-party fundraisers. Upon approval, you will receive a signed copy for your records via email or mail.

By signing this form:

I/We acknowledge receipt of Beaver County Humane Society (BCHS) Fundraiser Proposal and Agreement form and agree to comply with all provisions in organizing and holding my/our fundraiser.

I/We also agree with the collection of any and all information BCHS deems necessary to evaluate the Fundraiser. I/We further attest that the information provided on this form is correct and accurately describes the proposed Fundraiser. I/We agree to indemnify and hold BCHS harmless for any expenses, losses, claims, or damages resulting from the Fundraiser or the noncompliance with any term or provision of BCHS's Fundraiser Proposal and Agreement form.

Signature: _____

Print Name: _____

Date: _____

On behalf of the animals and communities served by Beaver County Humane Society, we thank you for your dedication to our mission and vision. We simply couldn't do this work without your generous support!

Please email this completed form to:

Danielle McKinney

Volunteer Event Coordinator

mckinneydan.bchs@gmail.com

OFFICE USE ONLY:

Date Reviewed: _____ Approved: _____ Not Approved: _____

Signature: _____ Print Name: _____