



**Quad City Animal Welfare Center (QCAWC)
Third Party Fundraising Activity Proposal**

Date _____

Contact Name _____ Organization Name (if Applicable) _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Type of Event _____ One Time _____ Monthly/On-going _____ Other

Date of Event _____ Time of Event _____

Location of Event (name of business & address)

Has the location been reserved? _____ Yes _____ No

Purpose of the event: _____

What percentage of proceeds will the QCAWC receive? _____

How will the event be publicized? _____

How will the funds be raised and collected? _____

How many people are expected to attend the event? _____

Will you solicit funds from sponsors to help underwrite the event? _____ Yes _____ No
If you plan on seeking sponsorship support, please indicate below what companies you plan to approach.
This will require approval of the QCAWC.

Will there need to be a QCAWC representative at the event? _____ Yes _____ No
(THIS DOES NOT GUARANTEE SOMEONE WILL BE AVAILABLE)

Please return to: Quad City Animal Welfare Center
724 West Second Avenue, Milan, IL 61264
patti@qcawc.org