



Quad City Animal Welfare Center
Third Party Fundraising Activity/Cause Marketing Proposal
Approved November 2012

Date: _____

Contact Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of Event: _____

Date of Event: _____ Time of Event: _____

Location of Event: _____

Purpose of the Event/Please give a brief description: _____

How will QCAWC benefit from this event?: _____

If QCAWC benefits with proceeds from this event, what percentage of proceeds will QCAWC receive?

How will funds be raised and collected? _____

How will this event be publicized?: _____

How many people are expected to attend this event?: _____

Will you solicit funds from sponsors to help underwrite this event?: _____

If you plan on seeking sponsorship support, please indicate below what companies you plan to approach. This will require approval from QCAWC.

Will there need to be a QCAWC representative at this event?: _____

Please return this form to : Quad City Animal Welfare Center
724 W. 2nd Ave.
Milan, IL 61264

Questions? Contact Patti at patti@qcawc.org or Stacey at stacey@qcawc.org