## THIRD PARTY FUNDRAISER PROPOSAL FORM



Contact Name			
Organization			
Address			
	(City)	(State)	(Zip code)
Telephone	(Daytime)	(Evening)	(Cell)
	Fax	email	
1. Name of the e	vent		
2. Please describ	e the event detail:		
3. Date of Event	:	Time	
4. Location/ Addr	ess:		
Please note that cert		yesno s opportunity raffles require regis its and follow all regulations.	tration by the State. Your
6. How will funds	be raised (e.g. ticket sal	les, space/table sales, auction,	raffles, sponsorships etc.)?
7 Plassa list all m	arties involved with the	event (individuals, organization	ons media etc.)

8. What is the estimate revenue to be generated from the event?
Total evenue anticipated  Total evenue anticipated
• Total expenses anticipated
<ul> <li>Total net anticipated</li> <li>Estimated amount that will be donated to New Horizons</li> </ul>
<ul><li>Estimated amount that will be donated to New Horizons</li><li>Other</li></ul>
• Other
Are there other beneficiaries of the event?yesno
If yes, please print the name of the organization
Contact name and title
Phone number and email
9. Please outline how you will promote the event and submit copies of the materials to be used.  • Media  — Print  — TV  — Radio  — Social Media  • Public Relations (agency or in-house)  • Paid Advertising  • Brochures/flyers  • Signs or Banners  • Direct Mail  • Other
10. Would you like materials on our programs and services for display at your event?
11. What are the proposed responsibilities for New Horizons?
12. Are you requesting staff/volunteer support for your event? Please be specific.
13. Please include any other pertinent information.
14. Why did you choose the New Horizons?

I/we have read the third party fundraising guidelines for New Horizons and consent to follow the terms agreed to and any other terms in connection with this event for its benefit. As an event organizer, I am aware that New Horizons has no fiduciary responsibilities and may provide minimal staff support. I/we accept the obligation to provide the full amount of the indicated proceeds to New Horizons within 5 days of the event.

□ I understand and agree to comply with the rules and regulations for conducting a third-party

☐ I understand and agree to comp fundraiser.	ly with the rules and regulations for conducting a third-party
Submitted by:	
(Print)	(Title/Group/Organization)
(Signature)	(Date)
(Phone Number)	(E-mail Address)
Accepted by (New Horizons):	
(Print)	(Title/New Horizons)
(Signature)	(Date)
Please return completed form to:	
-	Development Department New Horizons
	15725 Parthenia Street North Hills, CA 91343
	Telephones: (818) 894-9301

E-mail: info@newhorizons-sfv.org

(818) 894-7801

Fax: