

FUNDRAISING EVENT PROPOSAL FORM

This form serves as an agreement between the fundraiser and the Down Syndrome Association of Central Ohio (DSACO) for the purpose of setting forth the terms and conditions of our relationship in respect to the fundraising program described below. *Please remit this form to DSACO for event approval at least 30 days prior to event date.* Only fundraising events that complete the form below and send back to DSACO for approval, will be added to DSACO's Event Calendar (www.dsaco.net/events).

NAME OF EVENT ORGANIZER: _____

PRIMARY CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

EVENT INFORMATION:

NAME OF EVENT: _____

BUDDY WALK TEAM NAME: _____

LOCATION OF EVENT: _____

DESCRIPTION OF EVENT: _____

DATE/TIME/DURATION OF EVENT: _____

ANTICIPATED NUMBER OF ATTENDEES (IF APPLICABLE): _____

ANTICIPATED AMOUNT TO BE RAISED: \$ _____

PERCENTAGE OF PROCEEDS BEING DONATED TO DSACO: _____

OTHER ORGANIZATIONS BENEFITING FROM THIS FUNDRAISER (IF APPLICABLE): _____

AVAILABLE MARKETING MATERIALS:

DSACO can offer you a few items to assist with marketing your event to your friends/family. Please select from the options below.

- ◇ I would like a flyer made up for my event (*please send a photo and event details to buddywalk@dsaco.net*)
- ◇ I would like DSACO representation at my event
- ◇ I will tag DSACO on social media in my event post so DSACO can share it (*based off availability on DSACO's social media platforms*)

PLEASE SEND THIS FORM BACK TO DSACO COMPLETED AT LEAST 30 DAYS PRIOR TO THE EVENT DATE.

EMAIL: buddywalk@dsaco.net | MAIL: 510 E. North Broadway, Columbus, OH 43214

OFFICE USE ONLY:

FORM RECEIVED: _____ APPROVED | DECLINED _____ ADDED TO EVENT CALENDAR: _____