



**Third-party Fundraising Event / Promotion Proposal Form**

*To secure Alzheimer's Association approval (sanction) please provide the requested information. Mail the completed form to:*

*Alzheimer's Association, Western New York Chapter  
2805 Wehrle Drive, Suite 6, Williamsville, NY 14221  
Attention: Victoria Kaczmarek  
or fax- 716-626-2255; or email Victoria.Kaczmarek@alz.org*

Contact Name \_\_\_\_\_

Organization/Group \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

1. Please describe the event or promotion in detail: date(s), location(s), time(s), etc.
  
  
  
  
  
  
  
  
  
  
2. Please list all parties involved with the event (individuals, organizations, media, etc.)
  
  
  
  
  
  
  
  
  
  
3. What is your goal for the total amount of revenue you estimate will be generated from the event?
  
  
  
  
  
  
  
  
  
  
4. Please outline how you will promote the event. Media-- Print, TV or Radio. Public Relations (agency or in-house), Paid Advertising, Brochures/flyers, signs, other.

5. How will the Alzheimer's Association name and logo be used?

6. Why did you choose the Alzheimer's Association, Western New York Chapter to be the beneficiary of your efforts?

**Please sign:**

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

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Date**

----- For Office Use Only -----

Date Received \_\_\_\_\_

Date Occured \_\_\_\_\_

Date Contacted \_\_\_\_\_

Total Received \_\_\_\_\_

Thank You Sent \_\_\_\_\_

Notes :