Alzheimer’s Association Third-Party Event Proposal Form

THANK YOU for your interest in supporting the Alzheimer’s Association by raising essential funds! Please complete this form and sign, indicating that you understand and accept the attached policies and procedures. Return this form by mail, email or fax. **Please follow up with a confirmation call to ensure receipt.**

Tim Harrington, Third Party Events Coordinator
Alzheimer’s Association, Southeastern Wisconsin Chapter
620 S 76th Street, Suite 160
Milwaukee, WI 53214
Fax: 414.479.8819

Direct questions via email or phone as follows: tharrington@alz.org or 414.479.8800.

Today’s date ____________________ Date of Event ____________________

Name of Contact_____________________________________________________

Name of Organization hosting event ______________________________________

Street Address_________________________________________________________

City/State/Zip Code ______________________________________________________

Contact telephone number _______________ Email address ______________

Organization’s Web address _____________________________________________

1. Briefly describe the organization that is hosting an event or other fundraiser to benefit the Alzheimer’s Association.

2. What is the organization’s relationship with the Alzheimer’s Association? Why have you chosen to donate funds to support its mission?

3. Describe the event that is planned. (Include anticipated number of attendees, event publicity, timeline, and any other details.)

4. What is the budget (total expenses) for the event? _______________________

5. How much do you expect to raise (total revenue) through the event? ______________

6. How much do you expect to donate to the Alzheimer’s Association? ______________
7. What printed materials produced in conjunction with the event will include the Association’s name? For example, program or event invitations, signage, advertisements, flyers, Website, etc.

8. How will you promote the event? Provide details about any and all that apply.
   - Media
     - Print
     - TV
     - Radio
   - Public Relations (agency or in-house)
   - Paid advertising
   - Flyers or brochures
   - Signs or billboards
   - Direct mail
   - Other (specify)

9. Will the Alzheimer’s Association be the only organization recognized on materials?
   - Yes
   - No

   If not, please list the other organizations involved. Please list all organizations with which our name will be associated.

10. How many people will see the Association’s name through this use?
    (estimate) __________________

11. Who is likely to see the Association’s name? For example, who is the third party’s main audience/constituency?

12. In what geographic areas will the materials be distributed?

13. It is the policy of the Alzheimer’s Association that all events be accessible to people with disabilities. (The Association can provide information on what “accessible” means, and how to achieve it, upon your request.) Will this event be accessible to people with disabilities?

14. Please review the following statement and sign where indicated:

   I understand and agree to comply with the policies and procedures for conducting a third-party event to benefit the Alzheimer’s Association, Southeastern Wisconsin Chapter

   Name ____________________________________________  Date  ____________