

COMMUNITY FUNDRAISING EVENT FORM

EVENT NAME	<input type="text"/>	DATE & TIME OF EVENT	<input type="text"/>
VENUE NAME	<input type="text"/>		
STREET ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	STATE	<input type="text"/>
		ZIP CODE	<input type="text"/>
EVENT WEBSITE <small>(IF APPLICABLE)</small>	<input type="text"/>		
OPEN TO THE PUBLIC	TICKET PRICE	<input type="text"/>	PROJECTED DONATION TO BAF
YES NO			<input type="text"/>

EVENT DESCRIPTION

HOW WILL FUNDS FOR BAF BE COLLECTED? (I.E. TICKET SALES, RAFFLES, % OF SALES, STRAIGHT DONATIONS, ETC.)

PROPOSED MARKETING MATERIALS/ACTIVITIES (INCLUDING POSTERS, FLYERS, MAILINGS, AND WEB/SOCIAL CONTENT)

HOW WILL THE ORGANIZATION USE BAF'S NAME AND/OR LOGO TO PROMOTE THE EVENT?

NOTE: ALL MARKETING MATERIALS INCLUDING OUR NAME AND/OR LOGO WILL BE REVIEWED FOR APPROVAL.

WILL ANY ORGANIZATION, OTHER THAN BAF, BENEFIT FROM THIS EVENT? IF SO, PLEASE LIST THE NAMES OF THESE ORGANIZATIONS AND HOW THEY WILL BENEFIT. (INCLUDE SHARED PERCENTAGE OF PROCEEDS)

ORGANIZATION NAME	<input type="text"/>		
CONTACT NAME	<input type="text"/>		
STREET ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	STATE	<input type="text"/>
		ZIP CODE	<input type="text"/>
HOME PHONE	<input type="text"/>	WORK PHONE	<input type="text"/>
		MOBILE PHONE	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>		
FORM SUBMITTER NAME	<input type="text"/>		

BEGIN AGAIN FOUNDATION

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