WABASH VALLEY COMMUNITY FOUNDATION
APPLICATION FOR DEDUCTIBLE FUNDRAISING FOR AN ENDOWMENT FUND

FROM: (Group or Organization Name, Address and Purpose)

Organization Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Purpose: _____

_____

FEDERAL ID # (if incorporated) _____

CONTACT PERSON: (This person will serve as the main source of communication between the Community Foundation and the group/organization.)

Name: _____

Position or Role in the fundraising group/organization: _____

Email: _____ Home Phone: _____

Mobile: _____ Work: _____

Best place and time to be contacted: _____

ENDOWMENT FUND to benefit from proposed fundraiser:

_____

EVENT INFORMATION

Title: _____

Date(s): _____ Time From: _____ To: _____

Location(s): _____

Number of participants expected: _____

Please provide a detailed description of activities of the event and the group's experience in this type of fundraising. Why is the activity likely to be a success?

_____

_____

_____

_____

Has this group or have these individuals organized previous fundraising events? _____Yes _____ No   If yes, please give date, place and a brief explanation. _____

_____

Do any of the group members expect to gain monetarily from conducting the event?
    ____Yes   ____ No

Do any of these persons have connections that will benefit from the proposed event?
    ____Yes   ____No

If yes, to either question above, please explain. _____

_____

BUDGET: Include an estimated budget for the fundraiser. You can revise the following sample or attach your own budget document. Include likely vendor name for projected expenses. If sponsorships are included in the income projection, please list the prospects with anticipated level of sponsorship and goal date for confirmation of sponsorships.

Total Estimated Gross Revenue   **$_____**
Please show how you arrived at this number. For example:

100 dinners @ $100	$10,000
5 sponsors @ $1,000	5,000
Misc. Donations	250
Total Revenue	**$15,250**

Total Estimated Expenses   **$_____**
Please provide cost of item and vendor. For example:

100 dinners @ $35.00 (Golden Oaks)	$3,500
Brochure Printing (Copy Center)	500
Postage	34
Advertising (Forum)	300
Favors (donated)	0
5 Awards (Pagoda)	500
Total Expenses	**$5,444**

Fundraising goal: (Revenue minus Expenses) **$_____**

ADMINISTRATIVE ASSISTANCE requested of the Community Foundation:

_____

_____

Agreement: I (We) have received the Wabash Valley Community Foundation's Donor-Initiated Fundraising procedures and will abide by its requirements for a Deductible Fundraiser.

Name:_____   Name:_____
               Please print   Please Print

Title:_____   Title: _____

_____   _____
              Signature   Signature