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Fundraising/Activity/Program Proposal Form

This form must be returned to the Executive Team, info@angelsonstage.org
contact Nina Anderson Duncan if you have any questions.

Name of on club/organization or individual that wishes to host/sponsor activity:
Name of contact person:

Contact person's Phone and Email:

Name of fundraising event(s) or proposed activity/program:

Proposed Date(s):

IMPORTANT NOTE: All of your fundraising/ activity/program initiatives must be endorsed and approved by the AoS organization.

1. Please describe the fundraiser, activity or program you are proposing. Please include purpose, goals, details of event, location, activities and plans for use of donated funds if raising money. Attach a separate sheet if needed:

2. Where will you be marketing/promoting your fundraiser/activity/program? Please briefly describe your marketing efforts and how you plan to get the word out about the fundraiser/activity/program. Angels on Stage must preview all materials that include its logo and/or name. Materials may be submitted for review to Marketing and Comm team: communications@angelsonstage.org

Please indicate the types of promotions you plan to do for your fundraiser, activity or program:

- Press releases to: _____
- Flyers to: _____
- Public service announcements (PSAs) to: _____
- Email blasts: _____
- Social media: _____
- Posters: _____
- Other: _____



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3. What organizations, groups, individuals or communities will be approached for monetary or in-kind donations to support this fundraiser, activity or program?

4. Will corporations or other businesses be solicited for donations during this fundraiser, activity or program? Yes No

If yes, please list them below. If you need more room, please attach an additional sheet:

Name of business(es) from which you are soliciting donations	Name(s) of point(s) of contact for business(es)	List any donations, whether monetary or in-kind, which will be requested or provided.

5. Projected number of AoS or outside community members to participate:

6. Projected costs to host fundraiser, activity or program:

Projected income:

Estimated net total to AoS:

Expected date proceeds will be rec'd by AoS:

I/we have read the Angels on Stage Fundraising/Activity/Program Proposal Form in full, and I/we agree to adhere to those guidelines in planning and executing our activity. I/we understand that the guidelines are not comprehensive and that all decisions for the event, including safety precautions, remain the responsibility of the AoS group and the sub-group that is seeking approval to conduct this activity must communicate and receive approval from the AoS board of directors.

Signature

Date

Signature

Date

Approved Not Approved _____
For AoS Date _____