

## PROPOSAL FORM

Thank you for your interest in supporting The University of Texas MD Anderson Cancer Center. Please complete this form to the best of your ability and return it to MD Anderson Special Programs and Events via email to [myFundraising@mdanderson.org](mailto:myFundraising@mdanderson.org) or via fax to 833-271-1465. A Development Division representative will contact you directly to confirm receipt of your proposal.

### Third Party Event

Name of fundraiser: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This fundraiser is:      Open to the public      By invitation only

How often will you conduct this fundraiser?

Once      Annually      Ongoing project.

*If applicable:* Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
Anticipated Attendance\*: \_\_\_\_\_

### Third Party Event

I plan to raise money through:    Auction    Product sales    Sponsorships    Ticket sales

Other: \_\_\_\_\_

All expenses will be paid by/from the:    event proceeds    event organizer    event sponsors

MD Anderson  is the sole beneficiary /  is not the sole beneficiary

If applicable, please list additional beneficiaries: \_\_\_\_\_



Making Cancer History®

Anticipated Fundraising Summary\*:

Total funds raised: \$ \_\_\_\_\_
Total expenses: \$ \_\_\_\_\_
Donation to MD Anderson: \$ \_\_\_\_\_

I wish for my donation to support (CHOOSE ONE):

- checkbox Cancer research checkbox MD Anderson Children's Cancer Hospital
checkbox MD Anderson Houston Area Locations (League City / West Houston / Sugar Land / The Woodlands)
checkbox Moon Shots Program® checkbox Any area to be determined by MD Anderson
checkbox Other: \_\_\_\_\_

PROMOTING the FUNDRAISER

I will promote my event through:

- checkbox Facebook checkbox Fliers checkbox Group/Company website checkbox Letter campaign
checkbox Newsletters checkbox Newspaper checkbox Twitter checkbox Word of mouth checkbox YouTube
checkbox Other: \_\_\_\_\_
checkbox Event website: \_\_\_\_\_

I would like to use MD Anderson's name on promotional materials and understand this includes noting the institution as the beneficiary. checkbox Yes checkbox No

In using MD Anderson's name, I agree to submit for approval a draft of all promotional materials prior to printing, publishing or releasing them. checkbox Yes checkbox No

CONTACT INFORMATION

Group or company name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred phone (Cell / Home / Work): \_\_\_\_\_

Email: \_\_\_\_\_

checkbox Please sign me up to receive news, announcements and communications from MD Anderson.

THE UNIVERSITY OF TEXAS



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I HAVE READ AND AGREE TO FOLLOW MD ANDERSON'S THIRD PARTY GUIDELINES.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MD Anderson has my permission to use the above event information on all e-philanthropy channels, including but not limited to Facebook, Twitter and MD Anderson's Gifts website.

*\* Event organizer is not held responsible for estimated values.*