

## 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: \_\_\_\_\_

Anticipated Fundraising Summary\*:

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

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

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

### PROMOTING the FUNDRAISER

I will promote my event through:

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

I would like to use MD Anderson's name on promotional materials and understand this is limited to stating MD Anderson is the beneficiary [of the fundraiser].       Yes       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.       Yes       No

### CONTACT INFORMATION

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

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

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

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

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

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

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

### 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.*