THIRD-PARTY FUNDRAISING PROPOSAL FORM

Thank you for supporting The University of Texas MD Anderson Cancer Center. Please complete this form and email it to MyFundraising@MDAnderson.org. A member of the Peer-to-Peer (P2P) Fundraising team will confirm receipt and contact you with next steps.

1. Fundraiser Overview

Fundraiser Name: _____

Brief Description: _____

_____

2. Event Details

Audience: ☐ Public ☐ Invitation Only

Frequency: ☐ Once-Time ☐ Annual ☐ Ongoing

Date: _____ Time: _____

Location: _____

Estimated Attendance*: _____

3. Fundraising Plan

What UT MD Anderson program would you like to support with the funds you raise?

_____

If participating in UT MD Anderson's Peer-to-Peer Fundraising Program select one:

☐ DIY Fundraising
☐ UT MD Anderson's Boot Walk to End Cancer®

Fundraising Activities (check all that apply):

☐ Auction ☐ Product Sales ☐ Sponsorships ☐ Ticket Sales
☐ Other: _____

Expenses will be paid by:

☐ Event proceeds ☐ Event organizer ☐ Event sponsors

UT MD Anderson is:

☐ Sole beneficiary / ☐ One of multiple beneficiaries
If applicable, list additional beneficiaries: _____

Estimated Fundraising Summary*

Total Funds Raised: $ _____
Total Projected Expenses: $ _____
Donation to UT Anderson: $ _____

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

4. Promotion

How will you promote the fundraiser? (Check all that apply.)

☐Facebook ☐Fliers ☐Instagram ☐Letter Campaign ☐Newsletters ☐Newspaper

☐X ☐Website ☐Word of mouth ☐YouTube ☐Other:_____

Website URL (if applicable):_____

Use of UT MD Anderson's Name

I would like to use UT MD Anderson's name on promotional materials and understand that the approved reference is limited to: "Benefiting The University of Texas MD Anderson Cancer Center".

☐Yes ☐ No

In using UT 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

5. Organizer Information

Organization/Company name (if applicable): _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Preferred Phone:_____

Email: _____

Questions? Contact our team today.

Email: MyFundraising@MDAnderson.org

Phone: 346-725-0041

Website: MDAnderson.org/MyFundraising

Proposal Agreement

I have read and agree to follow UT MD Anderson's Third-Party Fundraising Guidelines, Frequently asked Questions and Tips for using UT MD Anderson's Licensed Marks (if applicable).

Signature:_____**Date:**_____

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