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. A 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.