

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 Philanthropy 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) 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.*