



FUNDRAISING PROJECT AND EVENT PROPOSAL GUIDELINES

These guidelines have been prepared for individuals, organizations and other groups interested in planning an event or fundraising project benefiting The Salvation Army Jackson Regional Coordinate.

The Salvation Army has the right to approve fundraising projects and events to ensure they represent the organization appropriately and uphold our mission and image.

The use of The Salvation Army's logo and name may be used only after The Salvation Army has granted approval. All printed materials and other publicity to be published with the logo or name must be submitted for review and approval by an authorized representative of The Salvation Army prior to printing and distribution.

In naming the event, The Salvation Army should be used as the beneficiary of the net proceeds. For example: (Event name) benefiting The Salvation Army. If there will be co-beneficiaries, please note on the attached form.

If an organization plans to solicit contributions, sponsorships or in-kind gifts from businesses, the list of potential business sponsors should be reviewed and approved by The Salvation Army prior to approaching such sponsors.

The organization can provide you with logos and photographs if needed. If approved, your event can be promoted on The Salvation Army Jackson Regional Coordinate's website, social media, and other related materials. If scheduling permits, a Salvation Army representative may be available for the event.

We ask that all new proceeds be submitted to The Salvation Army within 45 days. If you would like to schedule a check presentation to deliver your funds, please contact Kristin Miller, otherwise, funds can be made payable to and mailed to:

The Salvation Army
Jackson Corps
P.O. Box 31954
Jackson, MS 39286

Please contact The Salvation Army office at 601-982-4881 with any questions.



EVENT PROPOSAL FORM

NOTE: APPLICATION MUST BE APPROVED BY THE SALVATION ARMY PRIOR TO PUBLICIZING OR HOLDING EVENT

(Please attach addition sheets if necessary to provide complete explanation/information)

Name of group or company planning project/event: _____

Contact Person: _____ Title: _____

Mailing Address: _____

Daytime Phone: _____ Other Phone: _____ Fax: _____

Email: _____

Briefly describe your organization: _____

Briefly describe the project/event: _____

Are there other beneficiaries besides The Salvation Army? _____ YES _____ NO

If yes, please explain: _____

How will the funds be raised?

__ Ticket Sales __ Sponsorship __ Auction __ Other (Please explain): _____

Who will solicit? __ Friends __ Clients __ Family __ Others: _____

How will you promote this project/event? _____

Do you have a special reason for wanting to support The Salvation Army? _____

Estimated total costs of project/event: _____

Estimated revenue of project/event: _____

Estimated net income of project/event: _____

How will expenses be paid? _____ From proceeds _____ By project/event organizer

Estimated amount to be given to The Salvation Army: _____

Does your company plan to match the amount you raise? _____ YES _____ NO

For proposed events only: Date: _____ Time: _____

Location: _____

Is the event: _____ Open to the public _____ By invitation only

Have you formed a committee to help organize this event? _____ YES _____ NO

If no, who will support you in your efforts? _____

Would you like a representative from The Salvation Army to attend the event (scheduling permitted)? __ Yes __ No

Signature of applicant: _____ Date: _____

Printed name: _____

PLEASE RETURN FORM TO:
The Salvation Army Jackson Corps
Attn: Kristin Miller
PO Box 31954
Jackson, MS 39286