

Friends Raising Funds Promotion Proposal Form

Thank you for your interest in fundraising for the Barbara Ann Karmanos Cancer Institute. Please review our policies and procedures received with this proposal, complete the form below and submit it for approval. If you have questions, please contact Katy Kaliszewski at 313.576.8112 or kaliszek@karmanos.org.

Date Submitted: _____

Organizer Information

Name of Group/Individual/Company hosting promotion: _____

Primary Contact Name: _____ Title: _____

Address: _____ City, State Zip: _____

Primary Phone: _____ Type (please circle): Cell Work Home

Alternate Phone: _____ Type (please circle): Cell Work Home

Email address: _____ Fax Number: _____

Website (if applicable): _____

Promotion Information

Promotion Name: _____

Promotion Date(s): _____

Location Name: _____

Location Address: _____ City, State Zip: _____

Brief description of promotion: _____

If you are planning to host a launch/kick-off event, please explain. _____

Donation

How will funds be raised? (i.e. percentage of sales, funds from a particular item, etc.) _____

Is there a specific type of cancer or program you are interested in supporting?

Yes No

If yes, please explain: _____

The event organizer agrees to make a donation within six (6) months.

Yes No

****NOTE:** All costs associated with the promotion are the responsibility of the organizing committee. Generally, these costs are covered by the promotion proceeds. The Karmanos Cancer Institute will not be held responsible or reimburse for costs incurred by organizers related to the promotion.

What is being requested from the Karmanos Cancer Institute?

The Karmanos Cancer Institute would be pleased to provide you with educational material for your business (if applicable). Please specify, if any, the quantities you would like:

1. Educational Material

General
 A specific type of cancer
What type? _____

2. Karmanos Cancer Institute Name/Logo.

Do you require an electronic copy of the Karmanos Cancer Institute logo?

Yes No

The organizer(s) understand and agree that the Karmanos Cancer Institute must review all promotional and publicity materials using the Karmanos Cancer Institute’s name or logo (including press releases, public service announcements, scripts, posters, etc.) before they are printed.

Yes No

****NOTE:** Your promotion’s name may identify the relationship with the Karmanos Cancer Institute, such as “John Smith’s Bowling Fundraiser in support of the Karmanos Cancer Institute” but not incorporate the Institute’s name as in “The Karmanos Cancer Institute and John Smith Bowling Fundraiser”

3. Would you like to be listed on our Community Partnerships website?

Yes No

****NOTE:** This promotion proposal expires one year from the date it begins. After one year, if you would like to continue the promotion, please contact Karmanos staff and re-submit proposal.

By signing this document, the undersigned acknowledges that he or she is authorized to sign on behalf of the organizer and that he or she has received and read the Special Events Policies and Procedures document. Both the undersigned and the organizer agrees to abide by all terms and conditions set forth within the Special Events Policies and Procedures, which are applicable to the organizer's promotion.

Signature of Organizer _____ Date: _____

NOTE: This is a proposal. Please do NOT proceed with any printing or promotion until you receive approval from Karmanos Cancer Institute.

Mail/Fax/Email this completed form to: Karmanos Cancer Institute
c/o Katy Kaliszewski; Development
4100 John R
Detroit, MI 48201
kaliszek@karmanos.org
313.576.8112 (phone)
313.576.8120 (fax)