

# Community Fundraising Event Application

## PROPOSED EVENT INFORMATION:

Name of proposed event: \_\_\_\_\_

Type of event (online vs. in-person): \_\_\_\_\_

Date(s) and time(s) of event: \_\_\_\_\_

Location of event (please specify an address or online platform & URL): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of event and please include how funds will be raised: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Website (if available): \_\_\_\_\_

Social media page (if available): \_\_\_\_\_

## PROPOSED EVENT ORGANIZER(S) INFORMATION:

Name of organization or individual(s) planning the event: \_\_\_\_\_

\_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

Cell phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this event open to the public?  Yes  No

How many people do you expect to attend? \_\_\_\_\_

## PROPOSED EVENT PROMOTIONAL INFORMATION:

How will the event be publicized? (Press Releases, Facebook, Twitter, Advertisements, Fliers, PSAs, Website, etc.): \_\_\_\_\_

Do you plan to use the Lurie Cancer Center logo and/or name in event promotions? \_\_\_\_\_

\_\_\_\_\_

***If yes, please initial that you understand that Northwestern University Feinberg School of Medicine Development & Alumni Relations must see and approve all materials prior to being released, printed or distributed.***

***Yes, I agree.***

**PROPOSED EVENT BUDGET AND PROCEEDS:**

Projected expenses: \$ \_\_\_\_\_

Projected income: \$ \_\_\_\_\_

Expected proceeds: \$ \_\_\_\_\_

**Please note: Net proceeds must be received within 30 days of the event. We ask that your check be made payable to "Northwestern University."**

Will proceeds be designated to a specific program at the Feinberg School of Medicine?    \_\_\_ Yes \_\_\_ No

If so, to what program? \_\_\_\_\_

**TERMS AND SIGNATURE:**

I agree that the information provided in this document is accurate, and further agree to the terms set forth in the *Lurie Cancer Center Community Fundraising Event Guidelines*.

Signature of Event Organizer: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in raising funds for the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. You will be notified within ten (10) days of receipt of the application (if mailing, please allow for seven (7) working days for postal delivery) of acceptance of your application. Please be aware, further clarification may be required prior to approval.

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**(To be completed by Feinberg School of Medicine Development & Alumni Relations)**

Northwestern signature: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Comments: \_\_\_\_\_

**Please submit completed form to:**

**Liz Breslin**

Associate Director, Major Gifts

Northwestern University Feinberg School of Medicine

420 East Superior Street, 9<sup>th</sup> Floor

Chicago, IL 60611

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