Fundraising Proposal Form

Thank you for your interest in organizing an event to benefit Augusta University. Please complete this application for review by the Office of Advancement.

Please submit the completed form by mail to:
Augusta University
Office of Advancement
1120 15th Street, FL-1034
Augusta, GA 30912
or by email KSCHULTE@augusta.edu

Forms must be received at least one month prior to the event date. If you have questions, please call 706-721-9394. Please type or neatly print all information.

I. Event Description

Name of Event: ____________________________________________________________

Nature of Event (Please explain in detail): ______________________________________

Event will benefit (specific hospital, clinic, or program): ______________________________

Has this event been done before? ______ When? _________________________________

Location of Event: ___________________________________________________________

Date of Event: ___________________________ Rain Date: ____________________________

Indoor _______ Outdoor _______ Hours of Event: ________________________________

Projected Attendance: _______________________________________________________

List of businesses you have asked/will ask to sponsor this event (please attach a complete list): _____________

____________________________________

II. Contact Information

Name of Event Organizer: _____________________________________________________

Individual _______ Business _______ Organization/Group (Non-profit) _________

Address: ___________________________________________________________________

Contact Person: _____________________________________________________________

Phone Number: ___________________________ Alternate Phone: _______________________

Email: __________________________________ Fax: _______________________________
For Businesses/Groups: ______  # of Years in Existence ______  # of Employees/Members ______

Previous relationship with Augusta University: ________________________________

III. Financial Information

Projected Cost: $________________ Projected Income: $___________________________
Estimated donation to Augusta University: $________________________________________
How will proceeds from the event be given to Augusta University?
Cash__________ Check__________ Other: ________________________________

Expected date net proceeds will be given: ________________________________

IV. Proposed Support from Augusta University (if Foundation credit card machines will be needed, please note that under “Operational Support.” Advancement staff must be available to run machines.)

_____ Attendance by an Augusta University representative at the event
_____ Speaker (describe)
_____ Operational support (describe)
_____ Other (describe)

V. Publicity Information

Augusta University reserves the right to review all materials that include our logo and/or name. Please indicate the types of promotions you plan to do for your event.

_____ Press releases sent to:
_____ Fliers sent to:
_____ Public service announcements (PSAs) sent to:
_____ Other:

I/We have read the Augusta University special event guidelines in full, and I/we agree to adhere to those guidelines in planning and executing our event. I/We understand that the guidelines are not comprehensive and that all decisions for the event, including safety precautions, remain the responsibility of the organizer. Augusta University does not accept or assume any liability associated with the event.

Event Organizer Signature: ___________________________ Date: ________

AU Supervisor (if applicable): ______________________________ Date: ________

For use by the Office of Advancement:  Approved _____  Not Approved __

Signature: ________________________________ Date: __________