



# Paralyzed Veterans of America

## Third-Party Fundraising – Application Form

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### **Contact Information**

Organization name: \_\_\_\_\_

Contact person/Organizer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email address: \_\_\_\_\_

Primary telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_

### **Event Information**

Event/Fundraiser name: \_\_\_\_\_

Event date: \_\_\_\_\_ Event time: \_\_\_\_\_

Event location: \_\_\_\_\_

Event address: \_\_\_\_\_

Description of event/fundraiser: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated number of attendees/participants: \_\_\_\_\_

Targeted corporate sponsors (if applicable): \_\_\_\_\_

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**Event Income & Expense**

How will the fundraiser be marketed: \_\_\_\_\_

Has the event/fundraiser been done before: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, when: \_\_\_\_\_

Anticipated expenses: \_\_\_\_\_

Anticipated donation to the Paralyzed Veterans of America: \_\_\_\_\_

Percentage of the proceeds that will be donated to the Paralyzed Veterans: \_\_\_\_\_

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*The event must be legal. Paralyzed Veterans of America reserves the right to cancel this agreement at any time should the activities of the organizer, event or corporation hosting the fundraiser in the view of the Paralyzed Veterans of America, undermine the Paralyzed Veterans of Americas' work, vision, message and/or reputation.*

**THE ABOVE STATEMENTS & THE ATTACHED "THIRD-PARTY FUNDRAISING GUIDELINES" HAVE BEEN READ AND AGREED TO BY (Please initial all documents and sign below):**

Date: \_\_\_\_\_

Contact person/Organizer: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Thank you!