SUSAN G. KOMEN SAN ANTONIO

THIRD PARTY FUNDRAISER



STEP 1: TELL US ABOUT YOU AND/OR YOUR ORGANIZATION

Sponsoring Organization’s Name:

Nature of the Business: \_\_\_\_\_

Contact Name:

Address:

City/State/Zip:

Daytime Telephone: Fax Number:

Best Time to Call: E-Mail:

Website:

STEP 2: TELL US HOW MONEY WILL BE RAISED FOR SUSAN G. KOMEN SAN ANTONIO

Name/Title of revenue generating idea, event or program:

How will the funds be raised (sales, pledges, etc.)? **Please be specific in how funds will benefit Komen San Antonio:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date/location of event: Hours:

Duration of fundraising activities:

Sponsor(s)/Underwriter(s):

Budget Information (Please attach details):

Projected Income:

Projected Contribution:

How will you promote the fundraiser? How will you use our name and logo? (Please list all areas, i.e. invitations, brochures, radio, print ads, television, social media, etc.)

More Information: komensanantonio.org | T: (210) 222-9009 | F: (210) 222-9766 | info@sakomen.net | P.O. Box 6678,   
 San Antonio, Texas 78209.

Assistance needed from Komen San Antonio (e.g., breast health awareness table, representation, materials, Etc.):   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance (Copies of necessary insurance with Komen listed as additionally insured should be submitted to Komen San Antonio 30 days prior to the event):

Company:

Type:

Please Note: If you are planning a sporting event, a copy of participant waiver must be submitted 30 days prior to event.

Will other charitable organizations benefit from this event? If so, please name and describe extent to which non-profits will benefit:   
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*Applicant has read the attached Third Party Event Guidelines and agrees to abide by them. Susan G. Komen San Antonio is not liable to any party or vendor for any fees, costs, or payments of any kind, and applicant agrees to indemnify and hold harmless the foundation against any claims by third parties or vendors for such fees, costs, or payments incurred pursuant to this agreement.*

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

Printed Name/Title:

Please return completed application with cover letter to: [info@sakomen.net](mailto:info@sakomen.net), by fax to   
210-222-9766 or via mail to:   
  
Susan G. Komen San Antonio, P. O. Box 6678, San Antonio, Texas 78209

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