



COMMUNITY PARTNERSHIP FUNDRAISING APPLICATION

Date: _____

Sponsoring Organization (if applicable): _____

Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax Number: _____

E-mail: _____

Address: _____

City & Zip: _____

Preferred method of contact: _____

Preferred time of contact: _____

1. What is the Name of your event? _____

2. What is the event Date(s) & Time(s)? _____

3. Where will the event be held?

4. Please provide a description of the event.

5. Is this the first time you have held this fundraiser? YES / NO

6. How many people are you expecting to attend? _____

7. What is your fundraising goal? _____

8. How will the funds be raised? (ticket sales, raffle, auction, etc.)

9. Will other non-profits benefit from this event? YES / NO

If yes, please share who: _____

10. Do you plan to solicit businesses or individuals for cash or product donations? YES / NO

11. What are you doing to publicize your event? (Press releases, advertisements, PSA's, promotional flyers, etc.)

12. Do you plan to use WEAVE's name in promoting your event? YES / NO

13. Would you like our logo for promotional materials? YES / NO

14. If your event is open to the public to attend, would you like WEAVE to promote it on our website and in our monthly eBlast? YES / NO

15. Would you like a WEAVE representative at your event? YES / NO

If no, will you want WEAVE information materials? YES / NO

I have read and understood the accompanying Community Partnership Event Guidelines & Tips. I hereby agree to abide by the guidelines and provide all requested information in the manner and timeframe described.

Name: _____

Date: _____

Signature: _____

Please return completed application to:

**WEAVE Inc.
Development Department
1900 K Street
Sacramento, CA 95811
Phone: 916.448.2321
Fax: 916.448.8063
Email: donate@weaveinc.org**

Thank You for supporting WEAVE!