



## DIY – Community Partner 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: \_\_\_\_\_

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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. What percentage of donations will be going to WEAVE? \_\_\_\_\_

9. How will the funds be raised? (ticket sales, live/silent auction, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, please share who:\_\_\_\_\_

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

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

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

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

15. If your event is open to the public to attend, would you like WEAVE to promote it on our website and/or Facebook? YES / NO

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

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

17. Please attach the budget for your event.

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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: 916.319.4909  
Fax: 916.443.7183  
Email: mlaurie@weaveinc.org**

***Thank You for supporting WEAVE!***