



2625 Mas Que Farm Road  
Annapolis, Maryland 21403  
Phone: 410-990-0941  
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[admin@annapoliswellnesshouse.org](mailto:admin@annapoliswellnesshouse.org)

## Fundraising Event Proposal

Please Print

Name(s): \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_ Email: \_\_\_\_\_

Name of proposed event: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Event Location & Address: \_\_\_\_\_

Please provide ALL relevant information about your event/activity/project, including how the money will be raised:

Raffle  Auction  Entry fee  Donations  other \_\_\_\_\_

How do you plan to advertise your event: \_\_\_\_\_? Expected # of participants: \_\_\_\_\_

Which of the following best describes the type of fundraising you would like to undertake?

Golf Tournament  Bicycle/Motorcycle Ride  Other (please specify) \_\_\_\_\_  
 Run/Walk  Fashion Show \_\_\_\_\_

Projected revenue \$ \_\_\_\_\_ Projected Expenses \$ \_\_\_\_\_ Anticipated net revenue \$ \_\_\_\_\_

I would like to request the following support/assistance from Wellness House of Annapolis (WHOA):

Use WHOA logo  WHOA representative at your event\*  
 WHOA brochures/literature\*  Presence on WHOA website  Announcements to WHOA constituents

Other: \_\_\_\_\_

*\*Support and assistance will be assessed on a case-by-case basis and will depend on anticipated crowd size, potential earnings, availability of materials and/or representative.*

What is your motivation to raise funds for WHOA? \_\_\_\_\_

### Disclaimer and Fundraising Agreement

- I accept the terms and conditions of the Wellness House of Annapolis Fundraising Agreement. I agree to conduct my event/activity/project in accordance with the fundraising guidelines and in a manner that upholds the integrity of the Wellness House of Annapolis.
- I have read and I agree to abide by the agreement of the Wellness House of Annapolis from and against any claim for injuries or damage arising at or from the event/activity/project that is subject of this proposal.
- I understand that understand and agree that all marketing and promotion of the proposed event must be approved by the Wellness House of Annapolis prior to being released and printed.

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

Please return completed Fundraising Proposal to: 2625 Mas Que Farm Road, Annapolis, MD 21403  
or fax/email it to 410-267-7022 or [admin@annapoliswellnesshouse.org](mailto:admin@annapoliswellnesshouse.org).

### WHOA Approval (for internal use):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of authorized WHOA Representative

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_