



Wellness House of Annapolis
2625 Mas Que Farm Road
Annapolis, Maryland 21403
Phone: 410-990-0941
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www.annapoliswellnesshouse.org

3rd Party Fundraising Event Proposal

First & Last Name of Fundraising Event Organizer(s): _____

Organization (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ 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:

How do you plan to advertise your event: _____

What is your motivation to raise funds for WH? _____

Expected # of participants: _____

Projected Revenue \$ _____ Projected Expenses \$ _____ Anticipated Net Revenue \$ _____

I want to request the following support/assistance from the Wellness House of Annapolis (WH):

- Use WH logo WH representative at your event*
 WH brochures/literature* Presence on WH website Announcements to WH 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.**

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 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 the subject of this proposal.
- I understand and agree that the Wellness House of Annapolis must approve all marketing and promotion of the proposed event before it can be released and printed.

Signature: _____ Date: _____

Please return completed form to: 2625 Mas Que Farm Road, Annapolis, MD 21403 or email to marshall@annapoliswellnesshouse.org.

WH Approval (for internal use):

Signature: _____ Date: _____

Signature of authorized WH Representative

Print Name: _____ Title: _____