



2625 Mas Que Farm Road
 Annapolis, Maryland 21403
 Phone: 410-990-0941
 Fax: 410-267-7022
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 SFA website Announcements to SFA 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.**

WHOA Approval (for internal use):

Signature: _____ Date: _____
Signature of authorized WHOA Representative

Print Name: _____ Title: _____