

SUPPLEMENTAL FUND RAISING PROPOSAL

Agency Name: _____

Contact Person: _____

Date Proposal Submitted: _____

Event time Frame, Beginning Date: _____

Ending Date: _____

Event Description:

Nature of Event: Annual Appeal _____ Anticipate Revenues \$ _____

One Time Event _____ Anticipate Expenses \$ _____

Approved Annual Budget Amounts 20_____:
4000 Contributions: \$ _____
4200 Contributions: \$ _____

Does Event Involve Value Received Activities? _____ Yes _____ No

Who Will Be Solicited And How? (Be Specific)

Will Tickets Be Sold? _____ Yes _____ No

Does Event Involve a Mail Solicitation? _____ No _____ (Only to previous attendees)

Other Information (attach additional sheet if necessary):

Signature: _____

Chief Volunteer Officer

Chief Professional Officer

UNITED WAY USE ONLY

Distribution List:

Name:

Supplemental Fund Raising _____

Committee Fund Raising _____

Allocations Panel Chairman: _____

Panel Liason: _____

Director of Allocation: _____

Other United Way Staff _____

as Appropriate: _____