



**If portions of this form do not apply to your event, please mark those sections with an "n/a." Please use additional sheets if necessary to completely describe your proposed event or to completely answer any of these questions.

Date submitted: _____ Organization or Individual(s) Hosting Fundraiser: _____

Contact Person: _____

Phone: _____ Email: _____

Mailing Address: _____

Name of Event: _____ Date of Event: _____

Location: _____ Time: _____ Estimated # of Attendees: _____

Ticket Price: _____ % ticket price going to PSCP: _____ Vendor Sales: _____ Percent (if applicable): _____

Will your event be: By invitation Open to the public.

Whom do you expect to attend this event? _____

How/where will the event be promoted/publicized? _____

Letter Writing Campaign:

Time frame for letter distribution: _____

How/where will letters be distributed: _____ Estimated # of letters sent _____

Is this event or letter writing campaign in honor/ memory of someone?

Are there other beneficiaries besides PSC Partners? Yes (if Yes, please list) No

Estimated total donation to PSC Partners: \$ _____

Anticipated event sponsors or in-kind donors (please note if expected value is to exceed \$250):

How will this event benefit your sponsors? _____

Additional Comments: _____

- I have read and agree to adhere to the PSC Partners' Fundraising Guidelines.
- I agree to submit email addresses of donors to PSC Partners for processing where possible. This information will not be shared.
- I am authorized to sign this agreement on behalf of my company/business (if applicable).
- Proceeds will be submitted to PSC Partners by check within 30 days of my event or in a letter writing campaign, as soon as possible.
- All promotional and marketing materials bearing the PSC Partners logo or name will be submitted to PSC Partners and receive approval before distribution to the public.
- In a letter writing campaign, a copy of my letter and all promotional materials bearing the PSC Partners logo will be submitted to PSC Partners and receive approval BEFORE distribution.

Signature: _____ Date: _____

Please return to:
PSC Partners Seeking a Cure
6900 E Belleview Ave., Suite 202
Greenwood Village, CO 80111
Phone: 303-771-5227 Fax: 303-221-0757

Or submit electronically to: contactus@pscpartners.org
PSC Partners utilizes electronic contracts for the convenience of our Event Organizers. By submitting this form electronically, Event Organizer intends and agrees to be bound by its terms. This form constitutes the entire agreement between PSC Partners and fundraiser and supersedes all previous agreements, whether oral or in writing. Modification of this form may occur only in writing, signed by both parties.