Third-Party Fundraising Proposal Application

Please email completed form to AustinDevelopment@uss.salvationarmy.org
Phone - 512-605-1410

1. Name of person/Group Sponsoring Fundraiser: ________________________________
2. Address: __________________________________________________________________
   City, State, ZIP: __________________________________________________________________
3. Contact Person: __________________________________________________________________
4. Contact Person’s Address (if different from above): __________________________________________________________________
5. Phone (Day): __________________________________________________________________
   Fax: __________________________________________________________________
   Phone (Evening): __________________________________________________________________
   Email Address: __________________________________________________________________
6. Please give a brief description of the event: __________________________________________________________________
   __________________________________________________________________
7. Date and time of event: __________________________________________________________________
8. Location of event: __________________________________________________________________
9. Has this event been done before: Yes ____ No ____
   If Yes, when? __________________________________________________________________
10. What was the net donation to the charitable organization? ____________
    (Please attach the budget for this event)
11. Please describe how the event will be publicized: __________________________________________________________________
    __________________________________________________________________
11 Estimated Number of Attendees/Participants: ______________________________

12 How will the money be raised (pledges/contributions, donations, etc): ____________________________________________________________

13 List all sponsor(s) of this event: ____________________________________________________________

14 How much of your estimated net proceeds will be contributed to the Austin Area Command: __________________________________________

15 Would you like an Austin Area Command representative speak to your group? ________________________________

16 Please provide a social medial announcement/link for our fundraiser: __________________________________________________________

17 How will your fundraiser's proceeds be giving to the Austin Area Command? ______________________________________________________

I/We acknowledge receipt of The Salvation Army’s Policies and Procedures for Third-Party Fundraisers and agree to comply with all provisions in organizing and holding our fundraising event.

Signature of Responsible Party: ________________________________ Date: ________________________________

FOR SALVATION ARMY INTERNAL USE ONLY

Final Event Date: ________________________________ Signed Application & Agreement? Yes No

Event Approved? Yes No Supplies provided? Yes No Date ________________________________

Staff/Volunteers requested: ________________________________

Follow-up Calls: ________________________________

Funds received: ________________________________ Date: ________________________________