



# Request Form for Sponsoring a Fundraising Event

## 1. EVENT SPONSOR INFORMATION

Name of sponsoring organization/individual: \_\_\_\_\_

Is your organization registered as a 501(c)(3) charitable organization?

yes    no

## 2. EVENT INFORMATION

Name and type of event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location (venue name, street address, city, state, ZIP code):

\_\_\_\_\_

Date(s) and time(s): \_\_\_\_\_

Date event will end: \_\_\_\_\_

(Donations should be delivered to the Amputee Coalition of America within 60 days after this date.)

Please describe the event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you plan to pay an individual or organization to help plan, manage or conduct the event or to solicit contributions?  yes    no

If yes, please list the organization(s) with which you will have a contract or agreement with respect to the event, and provide the name(s) and contact information of the relevant individual(s).

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Do any of the individuals named on this form expect to gain monetarily from conducting the event?  yes  no

Do any of these individuals have connections to a business that will benefit from the proposed event?  yes  no If yes, please explain.

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**3. USE OF FUNDS**

Please indicate where you want your contribution to be used (i.e., the specific department, program, fund or center at the Amputee Coalition of America, if any):

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**4. FINANCIAL INFORMATION**

Please estimate:

Total proceeds A. \_\_\_\_\_

Expenses (include printing, food, entertainment, equipment rental, promotion, etc.) B. \_\_\_\_\_

Net proceeds (A minus B) C. \_\_\_\_\_

Amount/percentage of net proceeds to be given to the Amputee Coalition of America D. \_\_\_\_\_

Anticipated date donation to be sent: \_\_\_\_\_

**5. CONTACT INFORMATION/SIGNATURE**

Please review the Amputee Coalition's [Event Guidelines](#), sign the agreement in this section, and mail this form to the Amputee Coalition of America at 900 East Hill Avenue, Suite 205, Knoxville, TN 37915-2566 or fax it to 865/525-7917.

I hereby acknowledge that on this date, I reviewed the Amputee Coalition's Event Guidelines. I completely understand all sections. I also acknowledge that I am aware of and responsible for compliance with the federal and state laws concerning fundraising events, alcohol and charitable gambling. I/we promise to abide by and adhere to all statements made in the stated guidelines. I hereby attest that information provided on this form is correct and accurately describes the proposed event.

Contact's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Business

E-mail Address: \_\_\_\_\_

Until written permission is received, contributions should not be solicited, and the name Amputee Coalition of America may not be used for any purpose. The Amputee Coalition may withdraw approval at any time for any reason. If approval is withdrawn, it will be done in writing to the contact person listed in this section. After approval has been withdrawn, all references to the Amputee Coalition of America and its related activities and programs must be terminated.

This form is due a minimum of 60 days prior to the proposed event. Completion of this form does not ensure approval. A representative from the Amputee Coalition of America will respond to your request. If you have any questions regarding this form or your fundraising event, please contact the Amputee Coalition of America at 888/267-5669.