



THIRD PARTY FUNDRAISING INTEREST FORM

Name of Fundraising activity: _____

Organizer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

1. Third party event explanation:

2. Proposed date (s) of event:

3. Location of the event:

4. Who will this event target (children, adults, gender)?

5. Will this event include a raffle?

6. How will Children's Leukemia Foundation of Michigan benefit from this event?

7. How does your group expect to benefit from the event?

8. How do you plan to promote/ create exposure for the event?

9. Projected income and expenses from this event? Projected number of people in attendance?

10. Will there be corporate and/or in-kind sponsorship involved?

11. Projected donation to Children's Leukemia Foundation of Michigan?

Please return this form to: Scott Ceglarek, via email, scaglarek@leukemiamichigan.org or via mail, 5455 Corporate Drive, Suite 306, Troy, MI 48098