



# Community Fundraiser Proposal

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Details of benefit/fundraiser/drive (include other organizations that will benefit):

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Date(s) of event: \_\_\_\_\_ Time of event: \_\_\_\_\_

Location: \_\_\_\_\_

Do you require help from the Community Relations Department? \_\_\_\_\_

Volunteers? \_\_\_\_\_ How Many? \_\_\_\_\_

Description of Volunteer Duties: \_\_\_\_\_

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Other comments:

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Percentage Center to Receive: \_\_\_\_\_ Dollar Amount Center Receives: \$ \_\_\_\_\_

Expected Presentation Date and location: \_\_\_\_\_

*Please complete this form and fax to Child Crisis Center, Community Relations,  
480-969-9277, or e-mail to [pamela.godfrey@childcrisis.org](mailto:pamela.godfrey@childcrisis.org).  
You will be contacted once your proposal is accepted.*