Fundraising Proposal Form

Thank you for your interest in organizing an event to benefit Georgia Regents University. Please complete this application for review by the Office of Advancement.

Please submit the completed form by mail to:
Georgia Regents University
Office of Advancement
1120 15th Street, Fl-1044
Augusta, GA 30912
or by fax to 706-721-6723.

Forms must be received at least one month prior to the event date. If you have questions, please call 706-721-4002. Please type or neatly print all information.

I. Event Description

Name of Event: ____________________________________________________________

Nature of Event (Please explain in detail): ____________________________________

Event will benefit (specific hospital, clinic, or program): ________________________

Has this event been done before? ______ When? ______________________________

Location of Event: ________________________________________________________

Date of Event: __________________________ Rain Date: _________________________

Indoor ______ Outdoor ______ Hours of Event: ______________________________

Projected Attendance: ____________________________________________________

List of businesses you have asked/will ask to sponsor this event (please attach a complete list): __________________

II. Contact Information

Name of Event Organizer: __________________________________________________

Individual ______ Business ________ Organization/Group (Non-profit) ________

Address: __________________________________________________________________

Contact Person: ____________________________________________________________

Phone Number: ___________________________ Alternate Phone: __________________

Email: __________________________ Fax: ______________________________________
III. Financial Information

Projected Cost: $_________________ Projected Income: $_________________
Estimated donation to Georgia Regents University: $___________________
How will proceeds from the event be given to Georgia Regents University?
Cash___________ Check___________ Other: ________________________________
Expected date net proceeds will be given: ______________________________

IV. Proposed Support from Georgia Regents University

____ Attendance by a Georgia Regents University representative at the event
____ Speaker (describe)
____ Operational support (describe)
____ Other (describe)

V. Publicity Information

Georgia Regents University reserves the right to review all materials that include our logo and/or name.
Please indicate the types of promotions you plan to do for your event.

____ Press releases sent to:
____ Fliers sent to:
____ Public service announcements (PSAs) sent to:
____ Other:

I/We have read the Georgia Regents University special event guidelines in full, and I/we agree to adhere to those guidelines in planning and executing our event. I/We understand that the guidelines are not comprehensive and that all decisions for the event, including safety precautions, remain the responsibility of the organizer. Georgia Regents University does not accept or assume any liability associated with the event.

Event Organizer Signature: ________________________________ Date: __________
GRU Supervisor (if applicable): ________________________________ Date: _________

For use by the Office of Advancement: Approved ____________________ Not Approved ___
Signature: __________________________________________ Date: __________