



THE
CENTER
FOR
WOMEN
AND
FAMILIES

More Than a Shelter

Third Party Special Event Form *To Benefit The Center for Women and Families*

Date of Proposal: _____

If you or your organization wishes to sponsor a special event or promotional activity to benefit The Center for Women and Families, please complete this form and return it to:

Email: Phoebe.Lipkis@cwfempower.org

Fax: (502) 581-7204

Mail: PO Box 2048, Louisville, KY 40201-2048

*After review, a staff member from The Center may contact you. **Thanks for your support and interest in helping The Center for Women and Families!***

Name of group/company planning the event/activity:

Name of individual responsible: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ **Fax:** _____

Email: _____

Event location and address: _____

Briefly describe the event/activity:

Start and end date of event/activity: _____

Proposed Budget: Please list all expenses and indicate if any are being donated. Please note all expenses are to be paid out from the proceeds and paid by the event organizer.

Costs: (Location, Printing, Prizes, Food/Beverages, Advertising, Other)

Projected Total Event/Activity Cost: \$ _____

Income: Please list how income will be generated by your proposed event/activity.

Projected Total Income: \$ _____

Public Relations: Please describe proposed publicity for the event/activity:

Would your organization use The Center for Women and Families name/ logo? Yes No

Request for Support: The Center for Women and Families has limited staff and volunteer resources but would be pleased to offer support and assistance. What support do you anticipate from CWF?

Representative from CWF to attend event	_____
Printed material related to CWF	_____
Camera ready copy of logo	_____
Volunteers	_____
Promotion	_____
Other (please specify)	_____

If you have any questions, please contact Phoebe Lipkis, Director of Development at The Center for Women and Families: 502.581.7207 or Phoebe.Lipkis@cwfempower.org.

Administrative Use Only

Total Dollars Raised \$ _____

Date Funds Received ____/____/____