

PROPOSAL FORM

Thank you for your interest in supporting The University of Kentucky Markey Cancer Foundation (MCF). Please complete this form to the best of your ability and return it to MCF Special Events via email to Jessica Miller at jtmi255@uky.edu. A Development Office representative will contact you directly to confirm receipt of your proposal.

Third Party Event

Name of Fundraiser:

Description: _____

This fundraiser is:

Open to the public By invitation only

How often will you conduct this fundraiser?

Once Annually This will be an ongoing project.

If applicable:

Date: _____

Time: _____

Location: _____

Anticipated Attendance:

Third Party Event

I plan to raise money through:

Auction Product Sales Sponsorships Ticket Sales

Other: _____



All expenses will be paid by/from the:

Event proceeds Event organizer Event sponsors

MCF is:

the sole beneficiary not the sole beneficiary.

If applicable, please list additional beneficiaries:

Anticipated Fundraising Summary:

Total Funds Raised: \$ _____

Total Expenses: \$ _____

Donation to MCF: \$ _____

In order to continue the long-standing tradition of allowing the Markey Cancer Foundation to operate at zero cost to the Markey Cancer Center, events that net under \$5,000 can not be restricted to a specific area. Any event netting more than \$5,000 is available for restriction after a conversation with the team at the Markey Cancer Foundation.

To discuss directing your funds to a specific area, please contact Jessica Miller, jtmi255@uky.edu | 859-562-0471

PROMOTING the FUNDRAISER

I will promote my event through:

- Facebook Fliers Group/Company Website Letter Campaign
 Newsletters Newspaper Twitter Word-of-mouth YouTube
 Other: _____

Event Website address: _____

I would like to use MCF's name and/or logo on promotional materials and understand this includes noting the institution as the beneficiary.

- Yes No

If yes, I agree to sign and return Logo Use Agreement and to submit for approval a draft of all promotional materials prior to printing, publishing or releasing them.

- I agree _____ (initial)

CONTACT INFORMATION

Group or company name: _____

Contact Name: _____

Street Address: _____

Apt/Unit: _____ City: _____

State: _____ ZIP: _____

Preferred Phone (Cell / Home / Work): _____

Email: _____

- Please sign me up to receive news, announcements, and communications from MCF.



**I HAVE READ AND AGREE TO FOLLOW MCF'S Third
Party GUIDELINES.**

Signature: _____

Date: _____

MCF has my permission to use the above event information on all e-philanthropy channels, including but not limited to Facebook, Twitter and MCF's Gifts website.

** Event organizer is not held responsible for estimated values.*