

DIY-*dea* Fundraising/Event Proposal

Thank you so much for your interest in supporting the Western PA Chapter of the National Hemophilia Foundation. This form will help us learn more about you and your goals so we can better support your efforts. Please fill out this form to the best of your abilities – information can always be updated along the way.

Contact information:

First Name: _____ Last Name: _____

Organization/Business (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ (circle) Cell Home Business

Phone on Event Day (if different): _____

Email: _____

Additional Contacts: _____

Event Information:

Event/Fundraiser Name: _____

Description of event/fundraiser:

Date(s) event/fundraiser will occur: _____

Time(s): _____

Location and address:

Fundraising Information:

What is your fundraising goal? _____

How do you plan on fundraising? (i.e. portion of registration fees, online fundraising page, raffle baskets, silent auction, etc.): _____

Are you supporting WPCNHF for the first time? Yes No

How did you hear about WPCNHF? _____

Are you supporting more than one organization/charity with this event? Yes No

Will people beyond yourself be fundraising on behalf of this event? Yes No

Promotion and Resources:

Would you like to use the *Proudly Supporting the Western PA Chapter of the National Hemophilia Foundation* logo for promotion? Yes No

How will you promote your event/fundraiser? _____

Will you be utilizing Unite Your Way or are you interested in using it? Yes No

Will you use any social media tags? Yes No

 If Yes, what will they be? _____

Would you like any promotional materials (such as information about bleeding disorders, chapter brochures, etc.) from WPCNHF? Yes No TBD

Would you like to request a WPCNHF chapter staff member to be present at your event? (Please note, checking yes will not guarantee a staff member will attend your event. Once your event is approved, please discuss the availability of a chapter staff member with your Coach.)

 Yes No TBD

Would you like this person to speak? Yes No TBD

What risks or challenges do you foresee with your idea? _____
