



Fundraiser Proposal Form

Name of Group or Individual _____

Person in charge of event _____

Address _____

Phone _____ Email _____

Date of Event _____ Time of Event _____

Address of Event _____

Type of Event _____ Number of Expected Attendees _____

Expected expenses _____ Expected Profit _____ Goal amount to be donated _____

Are these funds non restricted or restricted to a certain area? _____

Will sponsors be sought and if so, who are those sponsors? _____

If alcohol will be served, have the appropriate licenses been secured or is a licensed caterer providing the service for the event, and if so, who is the caterer? _____

If tickets are sold to the event, how much of ticket price is tax deductible? _____
(Anyone who buys a ticket and expects a tax donation letter must provide a name, address, phone number, and Hospice of the Carolina Foothills reserves the right to determine the amount that is tax deductible based on ALL expenses associated with the event minus total ticket price.)

How will the event be advertised? _____

Expected involvement of Hospice staff or volunteers _____

Is this a one time event or annual? _____

Please read Special Event Guidelines, and email this form to howen@hocf.org or mail to Hospice of the Carolina Foothills, PO Box 336, Forest City, NC 28043. Please contact Heidi Owen at (828) 245-0095 with any questions.