



Community Fundraising Partnership Application

Please return completed form to:

Susan G. Komen for the Cure Greater Kansas City Affiliate
1111 Main Street, Suite 450, Kansas City, MO 64105
Fax: (816) 842-1554 email: dwiese@komenkansascity.org

Event Specifics

Date of Application:

Event Date:

Name of Fundraiser:

Start Time/End Time:

Event Location/Address:

Event Description: (Please describe in detail the proposed event and how the donation will be generated. Example: 100% of entry fee, 50% of produce selling price, \$10 for every tee shirt sold, etc.)

Number of expected participants:

Please list potential sponsors/underwriters:

We ask that you advise us in advance of all areas of publicity which you wish to pursue, including TV, radio, print ads, brochures etc.:

Is Komen Kansas City the sole beneficiary of this event? YES () NO ()
If NO, please name other beneficiaries and describe extent:

Komen Greater Kansas City Website listing:

If you would like a link to your website please provide us with the website address:

Komen Education Materials (Example: shower cards, breast health brochures, donation envelopes) please list materials and quantity:



An Affiliate representative needed to speak at the fundraiser, to attend a check presentation or other, please specify:

A Breast Health Education Booth at your fundraiser: YES () NO ()

Can you provide a Certificate of Insurance with comprehensive general liability insurance IF required? YES () NO ()

Budget Information

Projected Gross Income:

Projected Expenses:

Projected Donation:

Please attach any additional budget details

Contact Information

Contact Person/Title:

Organization or Group Hosting:

Street Address:

City, State, Zip Code:

Daytime phone:

E-mail:

Why did you choose Komen Greater Kansas City Affiliate to benefit from your fundraising efforts?

Applicant has read the Komen Greater Kansas City Guidelines and agrees to abide by them. Applicant understands that approval must be granted by Komen Greater Kansas City Affiliate and a Letter of Agreement must be executed by the parties before Applicant can plan or promote the proposed event. The Greater Kansas City Affiliate of Susan G. Komen for the Cure shall not be liable to any vendor or other third party for any fees, costs, or payments of any kind associated with the event, and Applicant



agrees to indemnify and hold harmless the Komen Greater Kansas City Affiliate against any such claims by third parties or vendors for said fees, costs, or payments.

Signature: _____ Date:
