



## FUNDRAISING PROPOSAL FORM

*Thank you for your interest in supporting Ronald McDonald House Charities of Southwest Virginia. Please complete the following questionnaire regarding the event or promotion you are proposing to benefit the RMHC and return it to the address below.*

Name of Sponsoring Organization: \_\_\_\_\_

Corporation

Non-Profit

Other: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Time: \_\_\_\_\_

Admission Fee (if any): \_\_\_\_\_

Description of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Please list any other charitable organizations that will benefit from this event: \_\_\_\_\_

How will the Event be promoted (flyers, newsletters, posters, etc.)? \_\_\_\_\_

Can RMHC provide any materials on our programs to display at your event? Y N

Will the Ronald McDonald House Charities logo be used in conjunction with other logos? \_\_\_\_\_

If so, in what manner? \_\_\_\_\_

Date of follow-up with Ronald McDonald House Charities to summarize project: \_\_\_\_\_

### COLLECTION PROCESS

Budgeted cost of Event: \_\_\_\_\_ Anticipated Gross Income: \_\_\_\_\_

Estimated amount to be given to Ronald McDonald House Charities: \_\_\_\_\_

- \_\_\_\_\_ Checks payable to RMHC and sent directly to Ronald McDonald House Charities
- \_\_\_\_\_ Checks payable to RMHC and collected by organization
- \_\_\_\_\_ Checks payable to organization and proceeds given to RMHC by this date: \_\_\_\_\_
- \_\_\_\_\_ Other (please explain)

**\*Monies collected on behalf of RMHC must be cleared through RMHC within 30 days of Event\***

# FUNDRAISING PROPOSAL FORM

\_\_\_\_\_ initial

I UNDERSTAND AND AGREE THAT:

1. The Sponsoring Organization will be responsible, financially and otherwise, for operating the Event and Ronald McDonald House Charities will not be liable under any circumstances for any claims or liabilities, no matter by whom, made in connection with this Event;
2. If liability insurance is required, the Sponsoring Organization will secure such insurance and provide a certificate of insurance to Ronald McDonald House Charities evidencing such insurance coverage prior to the Event;
3. All monies collected on behalf of Ronald McDonald House Charities must be sent to Ronald McDonald House Charities within 30 days after the Event, unless otherwise cleared by an authorized official of Ronald McDonald House Charities;
4. All publicity for the Event using the Ronald McDonald House Charities name/logo must be approved by an authorized official of Ronald McDonald House Charities before it is released; and
5. Approval of this proposal by an authorized official of Ronald McDonald House Charities is required.
6. Soliciting on behalf of Ronald McDonald House Charities of Southwest VA is strictly prohibited.

*We are happy to offer support and ideas but cannot guarantee volunteer/staff to assist with event.*

\_\_\_\_\_  
Representative of Sponsoring Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative of Ronald McDonald House Charities

\_\_\_\_\_  
Date

Please complete two copies of this form and return to:

Montana Kimrey, Donor & Community Relations Coordinator  
Ronald McDonald House Charities of Southwest Virginia  
2224 Jefferson Street SE, Roanoke VA 24014

For questions contact Montana Kimrey - 540-857-0770 or [mkimrey@rmhouse.net](mailto:mkimrey@rmhouse.net)

Upon acceptance, an original, with both signatures will be returned to the sponsoring organization.

**THANK YOU for your support of our House!!!**