

Community Fundraising Event Application

PROPOSED EVENT INFORMATION:

Name of proposed event: _____

Type of event (online vs. in-person): _____

Date(s) and time(s) of event: _____

Location of event (please specify an address or online platform & URL): _____

Description of event and please include how funds will be raised: _____

Website (if available): _____

Social media page (if available): _____

PROPOSED EVENT ORGANIZER(S) INFORMATION:

Name of organization or individual(s) planning the event:

Contact person: _____

Address: _____

City, State, Zip: _____

Telephone: (day) _____ (eve) _____ (fax) _____

Cell phone number: _____ E-mail: _____

Is this event open to the public? ☐ Yes ☐ No

How many people do you expect to attend? _____

PROPOSED EVENT PROMOTIONAL INFORMATION:

How will the event be publicized? (Press Releases, Facebook, Twitter, Advertisements, Fliers, PSAs, Website, etc.):

Do you plan to use the Lurie Cancer Center logo and/or name in event promotions?

If yes, please initial that you understand that Northwestern University Feinberg School of Medicine Development & Alumni Relations must see and approve all materials prior to being released, printed or distributed.

☐ *Yes, I agree.*

PROPOSED EVENT BUDGET AND PROCEEDS:

Projected expenses: \$ _____
Projected income: \$ _____
Expected proceeds: \$ _____

Please note: Net proceeds must be received within 30 days of the event. We ask that your check be made payable to “Northwestern University.”

Will proceeds be designated to a specific program at the Feinberg School of Medicine? ☐ Yes ☐ No
If so, to what program? _____

TERMS AND SIGNATURE:

I agree that the information provided in this document is accurate, and further agree to the terms set forth in the *Lurie Cancer Center Community Fundraising Event Guidelines*.

Signature of Event Organizer: _____ Date: _____

Thank you for your interest in raising funds for the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. You will be notified within ten (10) days of receipt of the application (if mailing, please allow for seven (7) working days for postal delivery) of acceptance of your application. Please be aware, further clarification may be required prior to approval.

(To be completed by Feinberg School of Medicine Development & Alumni Relations)

Northwestern signature: _____
Date Received: _____ Date Approved: _____
Comments: _____

Please submit completed form to:

Liz Breslin
Associate Director, Major Gifts
Northwestern University Feinberg School of Medicine
420 East Superior Street, 9th Floor
Chicago, IL 60611
Email: elizabeth.breslin@northwestern.edu
Phone: 312-503-4576