



Request to Host a Third Party Fundraiser

We very much appreciate your interest in organizing a special event to benefit those served by Father Bill's & MainSpring (FBMS). Your efforts make a difference in the lives of our guests and housing participants and help increase awareness of FBMS with potential supporters.

Please review our "Guidelines for Conducting a Third Party Fundraiser" before completing this form. Each request will be presented and evaluated for approval by the FBMS' Development Advisory Committee, a group of volunteer board members and staff, who meet periodically to review requests. We find this information exchange and approval process completed at the outset makes for a better experience and for everyone involved in planning an event on our behalf. **Once you agree to the guidelines, please complete this form and submit it via email to events@helpfbms.org.**

Thank you again for supporting our mission to end homelessness annually for more than 5,000 of our friends and neighbors in need across Southern Massachusetts.

Contact Information

Group/Organization Name: _____

Group/Organization Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____

Email: _____ Best time to reach contact: _____

Event Overview:

Event Name/Theme: _____

Date of Event: _____ Location: _____

Hours: _____ Event Type: _____

Event Description (use separate sheet, if needed): _____

Objective/ Goal: _____



Father Bill's & MainSpring
NOBODY SHOULD BE HOMELESS

Has this event been held before? Yes _____ No _____ If yes, when, how often, and with what results:

Projected audience & projected attendance (who and how many may attend or support): _____

Projected sponsor(s), if any, please list with their address (use separate sheet, if needed): _____

Financial Information

What % of the proceeds to FBMS: 100% ____ Other: ____% Will other organizations receive portions of the income? Yes _____ No _____

If yes, please indicate their names and how much they will receive:

Name: _____ / Will receive \$ _____ or _____% of income

Name: _____ / Will receive \$ _____ or _____% of income

Projected donation: Minimum \$ _____ / Maximum \$ _____ or _____% of income

Publicity

FBMS must review and approve all materials that display our logo or name prior to production to ensure adherence to our graphic standard/brand.

Please indicate the types of promotional activities you may pursue:

Press Release _____ Promotional Flyers _____ PSA (TV/Radio) _____ Social Media _____ Posters _____
Invitations _____ Website _____ Mass Email _____ I would like to use the Father Bill's & MainSpring
logo _____ Full Color _____ Black and White _____ Print Quality (eps) _____ Web Quality, PowerPoint,
Word (jpeg) _____

For Internal Use Only:

Form Sub. Date _____ Date Logo Sent _____ Media Sign off Date _____

Donation Date _____ Donation Amount _____ Thank You Date _____