

# Community Fundraiser Proposal

## PART 1 Fundraiser Information

1. Please complete and submit this form to the Milford Regional Healthcare Foundation **before** planning and executing any fundraising activities to benefit Milford Regional or any of its affiliates; proposal must be approved first. **For important notes and details, read Guidelines at [foundation.milfordregional.org/communityfundraising](http://foundation.milfordregional.org/communityfundraising) first.**
2. We are happy to help you complete the proposal and estimated budget!

**Contact: Milford Regional Healthcare Foundation**

ATTN: Martin Richman - Vice President of Philanthropy/Executive Director  
14 Prospect Street • Milford, MA 01757  
EMAIL: [mrichman@milreg.org](mailto:mrichman@milreg.org) PHONE: 508-422-2236

**What type of fundraiser you'd like to create?** *Please visit [foundation.milfordregional.org/communityfundraising](http://foundation.milfordregional.org/communityfundraising).*

- Event or Sale** Hold an event or make/sell something.
- "Thon"** Fundraising through pledges to accomplish a goal.
- Celebrate a Special Occasion** Collect donations in lieu of gifts.

**NOTE:** If you would like to establish a **Tribute/Memorial webpage** in honor of a friend of loved one - instead of completing this form, please contact Martin Richman at [mrichman@milreg.org](mailto:mrichman@milreg.org) or 508-422-2236.

**Proposed Fundraiser/Event Name** \_\_\_\_\_  
FIRST & LAST NAME - PLEASE PRINT

**EVENT COORDINATOR (You!)** \_\_\_\_\_

If coordinator is a minor – supervising adult's name \_\_\_\_\_

MAILING ADDRESS (NO P.O. BOXES) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

Preferred contact method:  Phone  Email  Any

**Please Describe Your Fundraiser** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Event Date** (or approx) \_\_\_\_\_ **Event Location** \_\_\_\_\_

Will Milford Regional receive 100% of proceeds?  Yes  No

If no, please explain \_\_\_\_\_

Will a for-profit business fundraise on your behalf (i.e. "percent of proceeds" sales)?  Yes  No

If yes, please explain \_\_\_\_\_



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## PART 2 Proposed Budget Tool

**Please estimate anticipated income and expenses for your fundraiser.**

- Only income and expense lines that apply to your type of fundraiser need to be completed.
- For first time events, make the best guess possible. There is no obligation to achieve estimates.
- Expenses should be no more than 30% of income, except in rare circumstances. Approved fundraisers can receive a letter of authenticity which can be used to solicit donated items.

### ANTICIPATED INCOME

Admission / Tickets \$ \_\_\_\_\_ Number of Participants \_\_\_\_\_ X Ticket or Registration cost \_\_\_\_\_ .

Pledges \$ \_\_\_\_\_

General Donations \$ \_\_\_\_\_

Cash Sponsorships \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ Explain \_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_

### POTENTIAL EXPENSES Please indicate any anticipated donations.

Facility Rental / Fees / Permits \$ \_\_\_\_\_

Refreshments \$ \_\_\_\_\_

Entertainment \$ \_\_\_\_\_

Décor or Supplies \$ \_\_\_\_\_

Equipment Rental \$ \_\_\_\_\_

Advertising \$ \_\_\_\_\_

Misc. \$ \_\_\_\_\_

**TOTAL EXPENSE** \$ \_\_\_\_\_

Notes (optional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PLEASE CALCULATE

**TOTAL INCOME** \$ \_\_\_\_\_ **minus TOTAL EXPENSES** \$ \_\_\_\_\_ = **NET PROCEEDS** \$ \_\_\_\_\_

### Agreement

All information on the Fundraising Proposal and Budget is complete and accurate to the best of my knowledge. I have read, understand, and agree to abide by the Guidelines for Community Fundraisers & Events to benefit Milford Regional. I understand it is my responsibility to share the guidelines with any volunteers and I, as the Event Coordinator, am responsible for adherence. If Guidelines are violated, I understand that the Milford Regional Healthcare Foundation may revoke the approval of this fundraiser and any in the future. I understand that Milford Regional Healthcare Foundation reserves the right to investigate suspected fraud, larceny, and/or violations of local, state, or federal fundraising laws.

EVENT COORDINATOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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