



Third Party Fundraising Event Proposal Form

Date Submitted

Name of Individual and/or Organization Planning Event

Contact Person (if different from above)

Street Address

City

State

Zip Code

Telephone

E-mail

Proposed Event Information

Event Name & Type

Event Date (proposed)

Event Time (proposed)

Event Location (proposed)

Full Event Address (City, State, Zip Code)

Please provide a brief description of the event:

Please describe how revenue will be generated (i.e., sponsorships, admission fees, tickets, raffle, proceeds, etc.):

I, _____, agree that a representative of the Epilepsy Foundation of Greater Los Angeles must approve this proposal and the use of its name and/or logo prior to publicizing or holding the event.

x

Signature of Applicant

Date

Please return the completed form to Lynda Loudon, Development Director, by email (LLoudon@EpilepsyFoundationGLA.org), fax (310.670.6124) or mail (5777 W. Century Blvd., Ste 820, Los Angeles, CA 90045). Questions? Call Lynda (310) 670-2870 x103.

Someone from the Epilepsy Foundation will then be in touch to discuss specifics and learn more about the plans for your Third Party Fundraising Event. We look forward to talking to you soon. –Your friends at the Epilepsy Foundation of Greater Los Angeles