



THIRD PARTY EVENT FORM

Thank you for your interest in supporting The Home for Little Wanderers. Your generosity enables The Home to continue creating better, brighter futures for vulnerable children and their families. Please note that The Home must approve this application before an event is held. In order to process your proposal, all fields must be completed in full. Please attach an additional sheet(s) if necessary.

CONTACT INFORMATION

Name of Individual(s) Responsible: _____
 Name of Group/Company Planning Event: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Business Phone: _____
 Email Address: _____

EVENT INFORMATION

Event Name: _____
 Date: _____ Time: _____
 Event Address: _____
 City: _____ State: _____ Zip: _____
 The event is: Open to Public Invite Only
 Ticket Price: _____
 Has the event taken place before? Yes No
 Are there other beneficiaries besides The Home?
 Yes No
 If so, which organization(s): _____
 % The Home will receive: _____
 Does your company plan to match the amount you raise?
 Yes No
 Does your event require a license? Yes No
 Briefly describe the event and how the funds will be raised? (ie: ticket sales, pledges, auction, raffle, etc.)

How will you promote or publicize the event?

BUDGET

Please list all costs, even if you expect them to be donated.

Revenue:
 Participant Revenue (# X cost per person) \$ _____
 Sponsorship \$ _____
 Pledges \$ _____
 Raffle \$ _____
 Auction \$ _____
 Other (describe) _____ \$ _____
 Other (describe) _____ \$ _____
TOTAL EXPECTED REVENUE \$ _____

Expenses:
 Location \$ _____
 Food/Beverages \$ _____
 Printing \$ _____
 Advertising \$ _____
 Entertainment \$ _____
 License Fees \$ _____
 Prizes \$ _____
 Supplies \$ _____
 Other (describe) _____ \$ _____
 Other (describe) _____ \$ _____
TOTAL EXPECTED EXPENSES \$ _____

Net Revenue (revenue less total costs) to The Home: _____
 Cost will be paid by: Proceeds OR Event organizer
 Date that funds will be received by The Home: _____
 Will your gift be restricted to a specific fund at The Home?
 No (unrestricted) OR Yes
 If yes, what fund or program: _____

WAYS TO SUBMIT YOUR PROPOSAL

Email: Jamille Benson at jbenson@thehome.org

Fax: 617-369-9467 (Attn: Jamille Benson)

Mail: The Home for Little Wanderers
 10 Guest Street, Boston, MA 02135

Please list all businesses that you plan to ask for cash or in-kind support:

Business: _____ Request: _____
 Business: _____ Request: _____
 Business: _____ Request: _____

Print Name: _____ Date: _____