



Thank you for considering the San Antonio Affiliate of Susan G. Komen for the Cure to be the beneficiary of your revenue generating efforts and ideas! Please take a moment to complete this form so that we may give your proposal the consideration it deserves.

We work hard to create corporate and third party relationships that are mutually beneficial. The more we know about your plans, the more thorough the consideration by the Affiliate.

**STEP 1: Tell us about you and/or your organization**

Sponsoring organization's name: \_\_\_\_\_

Nature of the business: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Best time to call: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

**STEP 2: Tell us how money will be raised for Susan G. Komen for the Cure**

Name of revenue generating idea, event or program: \_\_\_\_\_

\_\_\_\_\_

How will the funds be raised (sales, pledges, etc.): \_\_\_\_\_

\_\_\_\_\_

Date/location of event: \_\_\_\_\_ Hours: \_\_\_\_\_

Duration of fundraising activities: \_\_\_\_\_

Sponsor(s)/Underwriter(s): \_\_\_\_\_

Budget Information (Please attach details):

Projected Income: \_\_\_\_\_

Projected Expenses: \_\_\_\_\_

Projected Contribution: \_\_\_\_\_

How do you propose to use Komen's name and/or logo (min. \$2,500 donation)? (Please list all areas, i.e. invitations, brochures, radio, print ads, television, social media, etc.):

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Do you envision requesting financial assistance from Komen San Antonio Affiliate? \_\_\_\_\_

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Insurance (Copies of necessary insurance with Komen listed as additional insured should be submitted to Komen San Antonio Affiliate 30 days prior to the event):

Company: \_\_\_\_\_

Type: \_\_\_\_\_

Please Note: If you are planning a sporting event, a copy of participant waiver must be submitted 30 days prior to event.

Will other charitable organizations benefit from this event? If so, please name and describe extent to which non-profits will benefit:

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*Applicant has read the attached Guidelines for Charitable Special Events and Promotions and agrees to abide by them. Susan G. Komen for the Cure San Antonio Affiliate is not liable to any party or vendor for any fees, costs, or payments of any kind, and applicant agrees to indemnify and hold harmless the foundation against any claims by third parties or vendors for such fees, costs, or payments incurred pursuant to this agreement.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_

Please return completed application with cover letter to: [kara@sakomen.net](mailto:kara@sakomen.net), by fax to 210-222-9766 or via mail to:

Komen San Antonio Affiliate  
P. O. Box 6678  
San Antonio, Texas 78209