



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: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

Can provide comprehensive general liability insurance in the amount of \$1,000,000 if required?

( ) yes ( )no Company: \_\_\_\_\_ Type and amount: \_\_\_\_\_

Will any other charitable organization(s) benefit from this event? If so, please name and describe extent to which they will benefit.

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How much money do you expect to raise? \_\_\_\_\_

Anticipated net proceeds to Komen: \_\_\_\_\_

*(Specific dollar amount or percentage of proceeds must be provided)*

**STEP 3: Tell us about the proposal elements and logistics**

Describe how you plan to raise the funds? Please also list your estimated revenue and expenses for this project.

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What are the costs associated with this idea? Will Komen be responsible for the expenses? Do you envision requesting financial assistance from Komen?

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

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Have you ever coordinated or been involved in a project like this before? If so, please describe.

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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 Guidelines for Charitable Special Events and Promotions and agrees to abide by them. The San Antonio Affiliate of Susan G. Komen for the Cure 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 Komen 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:

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