

COMMUNITY PARTNERSHIP EVENT APPLICATION

Date:
oonsoring Organization (if applicable):
ame:
ome Phone: Cell Phone:
mail:
ddress:
ty & Zip:
referred method of contact:
referred time of contact:
What is the name of your event?
What is the event date(s) & time(s)?
Where will the event be held?
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Please provide a description of the event.
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Is this the first time you have held this fundraiser? YES / NO
How many people are you expecting to attend?
What is your fundraising goal?
What percentage of donations will be going to WEAVE?
How will the funds be raised? (ticket sales, live/silent auction, etc.)
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10. Will other non-profits benefit from this event? YES / NO
If yes, please share who:
11. Do you plan to solicit businesses or individuals for cash or product donations? YES / NO
12. What are you doing to publicize your event? (Press releases, advertisements, PSA's, promotional flye etc.)
13. Do you plan to use WEAVE's name in promoting your event? YES / NO
14. Would you like our logo for promotional materials? YES / NO
15. If your event is open to the public to attend, would you like WEAVE to promote it on our website and/o Facebook? YES / NO
16. Would you like a WEAVE representative at your event? YES / NO
If no, will you want WEAVE information materials? YES / NO
17. Please attach the budget for your event.
I have read and understood the Community Partnership Event Toolkit. I hereby agree to abide by guidelines and provide all requested information in the manner and timeframe described.
Name: Date:
Signature:

Please return completed application to:

WEAVE Inc.
Philanthropy Department
1900 K Street
Sacramento, CA 95811
Phone: 916.319.4914

Fax: 916.443.7183

Email: hgreenawalt@weaveinc.org

Thank You for supporting WEAVE!