

TRANSITIONAL LIVING SERVICES

FUNDRAISING EVENT PROPOSAL

Contact person: _____ Phone: _____

Name of organization (if applicable): _____

Mailing address: _____

E-mail address: _____ Fax: _____

Proposed date: _____

Proposed location: _____

Estimated fundraising goal: _____

Estimated number of attendees: _____

Program or project you would like to help: _____

Percentage of monies raised that will go the program or project: _____

Please describe your proposed event in 500 words or less: