



# Gilda's Club Madison Wisconsin

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## THIRD PARTY EVENT FORM

Name of Event \_\_\_\_\_

Event Date(s) \_\_\_\_\_ Event Time(s) \_\_\_\_\_

Your Organization/Company Name \_\_\_\_\_

Address/City/State/ZIP \_\_\_\_\_

Contact Person & Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Description of Event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For more information, people should contact: \_\_\_\_\_

Who is your target audience? \_\_\_\_\_

Will you need a Gilda's Club Madison representative at the event? \_\_\_\_\_ If so, what time? \_\_\_\_\_

Will you need Gilda's Club Madison volunteers to help staff the event? \_\_\_\_\_ If so, how many? \_\_\_\_\_

Do you plan to use Gilda's Club name/logo to promote event? \_\_\_\_\_

*(Please note: Any use of Gilda's Club Madison's name in printed materials must be pre-approved by Gilda's Club Madison. See our Third Party Guidelines for more information.)*

How can Gilda's Club Madison Wisconsin help meet your expectations for the event? \_\_\_\_\_

\_\_\_\_\_

Will any other charitable organizations benefit from this event? \_\_\_\_\_

If yes, please list other organization(s) and percent of proceeds each will receive: \_\_\_\_\_

\_\_\_\_\_

Expected proceeds from the event? \_\_\_\_\_ What percent of the proceeds will Gilda's Club receive? \_\_\_\_\_

Check to be mailed? \_\_\_\_\_ Picked up? \_\_\_\_\_ Expected Date? \_\_\_\_\_

Signature of Contact Person/Organization \_\_\_\_\_ Date \_\_\_\_\_

Approved by GCMW \_\_\_\_\_ Date \_\_\_\_\_

**For office use**

- Add to GCMW Calendar of Events
- Add to GCMW website
- Add to GCMW newsletter

- Donation received on \_\_\_\_\_
- Donation recorded on \_\_\_\_\_
- Thank you/501(c)(3) letter sent \_\_\_\_\_

**For GCMW Event Coordinator**

- Assign Event Project Manager, if needed
- Initial acknowledgement sent \_\_\_\_\_
- Follow up, as needed \_\_\_\_\_