



Questionnaire for Third-Party Fundraisers

Thank you for your interest in conducting a third-party fundraiser to benefit Well House! Please review the *Standards for Sanctioned Third-Party Fundraisers* document and then complete and submit the following information:

Sponsoring Organization: _____

Contact Name: _____ Title: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Name of event: _____

Date of event: _____ Time: _____

Location of event: _____

Event Description: _____

Estimated total revenue: _____ Estimated total expense: _____

Estimated total donation to organization: _____

Estimated date of payment of donation: _____

Please list any other charitable organizations that will benefit from this event:

Would you like anyone from our agency to attend the event? _____

** Will depend on availability*

If yes, what role would you like them to play? _____

Will businesses or individuals be contacted for donations (goods/services/money)? _____

If yes, please list prospects for us to review (*so multiple or conflicting requests do not occur*):

Do you plan to use our logo on any printed materials? _____ If yes, please list prospective materials that will be created for us to review: _____

Would you like materials from the organization to be displayed at the event? _____

If yes, which materials would work best: (*please circle*)

brochures photo display board giving envelopes banner

Will you be able to provide contact information for attendees/supporters? _____

If yes, how many and what information are you gathering (address, phone, email, etc)?

What other support or involvement will you need from us? _____

Additional comments/questions:

Please return this completed form to:

HEAL Africa USA | PO BOX 545 | Caledonia, MI 49316
contact-us@healafrica.org