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