



Third-Party Event Proposal Form

Thank you for your interest in Bay Area Cancer Connections. Please send us this form so we can endorse your event and the use of our name and logo. Then we'll send you our fundraising toolkit to help make your event successful!

Date ____/____/____

Tell us about yourself

Contact Name _____ Are you a BCC client? Yes No

Address _____ City _____ State ____ Zip _____

E-mail _____ Phone _____

Individual Business School Community/Social Club Service Club Other

If "Other", please describe _____

Organization or Group Name _____
as it should appear in marketing materials

Tell us about your event

Event Name: _____ Date and Time: _____

Location/Venue Name: _____

Address: _____

Event Details _____

Fundraising Goal \$ _____

SUBMIT TO: Bay Area Cancer Connections, Attn: Development, 390 Cambridge Avenue Palo Alto, CA 94306
Phone: 650-326-6299, ext. 20 | **Fax:** 650-326-6673

Bay Area Cancer Connections is a 501(c)(3) nonprofit organization with **tax ID number 77-0417605**. A check for your event's net proceeds (i.e. gross proceeds less all related expenses), must be delivered to Bay Area Cancer Connections within 30 days of the event's conclusion.

For details regarding Third Party Event Tax Deduction/Donation Receipts and Regulations please visit our webpage:
<http://bcconnections.org/get-involved/create-event>