



Gilda's Club Rochester Third Party Event Form

Today's Date _____ Organization/Company Name _____

Contact Person & Title _____

Name of Event _____ Event Location _____

Event Date(s) _____ Event Time(s) _____

Phone _____ Email _____

Street/City/State/ZIP _____

Description of Event _____

Target audience _____

Will you need a Gilda's Club Rochester representative at the event? Y/N

If so, what time? _____

Do you plan to use Gilda's Club name/logo to promote event? Y/N

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

How can Gilda's Club Rochester help meet your expectations for the event? Check all that apply.

- Listing on Gilda's Club Rochester website
- Gilda's Club Rochester Facebook page event listing
- E-mail blast to Gilda's Club constituents
- Press Release [copy supplied by host organization]
- Other _____ [Gilda's Club Rochester approval required]

Will any other organizations benefit from this event? Y/N

If yes, please list all organization(s) and percent of proceeds each, including GCR, will receive.

Expected proceeds from the event _____

Signature of Contact Person _____ Date _____

Approved by GCR _____ Date _____

For office use

- | | |
|---|--|
| <input type="checkbox"/> Add to GCR Website | <input type="checkbox"/> Donation received on _____ |
| <input type="checkbox"/> Add to GCR Facebook page | <input type="checkbox"/> Donation recorded on _____ |
| <input type="checkbox"/> Add to GCR Email blast | <input type="checkbox"/> Thank you letter sent _____ |
| <input type="checkbox"/> Add to GCR Press alerts | <input type="checkbox"/> Total amount raised _____ |