

## **Fundraising Event Request**

Contact Name:
Title/Affiliation:
Address:
City/State/Zip:
Phone Number:Email Address:
Fundraiser/Event Name:
Date and Time:
Location:
Briefly Describe the type of event:
How will funds be raised? (ticket sales, sponsors, raffle/auction):
Event Website (if applicable):
Expected Number of Attendees/Participants:
Fundraising Goal: \$
How many of the following may we provide to help in your efforts? ( <i>Requested materials are not</i>
guaranteed) The Painted Turtle promotional video on DVD The Painted Turtle trifold brochures
The Painted Turtle banner
Other

## THE PAINTED TURTLE

## SIGNED ACCEPTANCE OF GUIDELINES (please refer to the Guidelines PDF)

I/we have read the Fundraising Guidelines for the Painted Turtle and agree to follow them and any additional terms agreed to with the Camp in connection with this event for its benefit. By publicly advertising the Painted Turtle as the recipient of proceeds for this event, I/we accept the obligation to provide the full amount of the indicated proceeds to the camp within 60 days.

Submitted by:		
(Print)	(Title/Organization)	
(Signature)	(Date)	
Accepted by: (The Painted Turtle)		
(Signature)	(Date)	
	c <b>ompleted original to:</b> n Wazorko	
Developr	nent Coordinator	
The F	Painted Turtle	
1300 4 <sup>th</sup>	Street, Suite 300	
Santa M	onica, CA 90401	

Phone: (310) 451-1353 x107 Fax: (310) 451-1357 samw@thepaintedturtle.org

This request will be reviewed and a response provided within 14 days of receipt.

Thank you for selecting the Painted Turtle as your charity of choice.