



Community Fundraisers & Events

PROPOSAL FORM

Please complete and submit this form by mail or email if you wish to hold a fundraiser or third-party event benefiting The Menninger Clinic via The Menninger Clinic Foundation (EIN#81-0588012).

MAIL: The Menninger Clinic Foundation
Attn: Community Events
12301 Main Street
Houston, Texas 77035

EMAIL: events@menninger.edu

Primary Contact Information

_____ FIRST NAME		_____ LAST NAME		_____ E-MAIL		
_____ MAILING ADDRESS			_____ CITY		_____ STATE	_____ ZIP
_____ PHONE (PRIMARY)			_____ PHONE (ALTERNATE)			

Please check here if you are an employee of The Menninger Clinic.

Organization Information *(if applicable)*

_____ ORGANIZATION NAME	_____ WEBSITE URL
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Please briefly describe your organization:

Fundraiser/Event Details

Select the option that best describes your fundraiser/event:

One-time event Annual event Ongoing

FUNDRAISER/EVENT NAME

DATE

TIME

LOCATION

Is your fundraiser/event private or open to the public?

Open to public Private/Invitation only

Have you formed a committee to organize the event?

Yes No

If no, who is assisting you with the event?





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Why did you choose The Menninger Clinic Foundation to receive proceeds from the fundraiser/event?

Is The Menninger Clinic Foundation the sole beneficiary of your fundraiser/event?

- Yes No

If no, please list other beneficiaries:

How do you plan to promote the fundraiser/event?

How will the event's expenses be paid?

- From proceeds By event organizer

Estimated total proceeds: \$ _____

Estimated total expenses: \$ _____

Estimated donation to Menninger: \$ _____

How will the funds be raised? (select all that apply)

- Ticket sales Sponsorship Auction
 Donations Online
 Other: _____

Who do you plan to solicit?

- Friends Family Clients Co-workers
 Other: _____

Where should your donation be directed at Menninger?

- Greatest need Clinical training Patient assistance
 Research Special initiatives The Gathering Place
 Other: _____

Validation and Signature

Please read the statements below and check the box next to each to indicate your agreement. By signing below, you acknowledge your agreement with the terms and conditions of our Community Fundraisers & Events Guidelines.

- I understand that under Texas State Law, raffles are allowed only if sponsored by a 501(c)(3) organization. The Menninger Clinic Foundation is unable to support a third-party raffle.
- I agree that The Menninger Clinic Foundation will receive fundraising proceeds within 60 days of the event.
- I agree that I will submit all proposed printed materials and publicity for the fundraiser/event for approval by The Menninger Clinic Foundation prior to printing or distributing.

Signature: _____ **Date:** _____