



Friends of CAC Fundraiser Application



Thank you so much for your interest in supporting the Children’s Advocacy Center. This application will help us learn more about you and your fundraising initiative so we can better support you. Please fill out the form to the best of your ability – information can always be updated along the way

Contact Information

First & Last Name_____

Organization (if applicable)_____

Address, City, State Zip_____

Phone Number_____

Email_____

Event Information

Event Name _____

Event Description_____

Date(s)_____

Time(s)_____

Location and Address_____

Online Fundraising

Are you interested in having an online fundraising page?_____





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Fundraising Information

What is your fundraising goal? _____

How do you plan on fundraising (i.e. registration, donations, silent auction, raffle)?

Is this your first time supporting CAC? _____

How did you hear about CAC? _____

Are you supporting more than one charity with this event? _____

Will people beyond yourself be fundraising on behalf of this event? _____

Promotion and Resources

Will you be using CAC's logo for promotion? _____

How will you promote your event? _____

Will you use a website and/or Facebook page? _____

Will you use any social media tags? _____

Would you like to use any CAC promotional materials? _____

Would you like to request a CAC representative at your event? _____

Would you like this person to speak? _____

Do you foresee any risks or challenges with your idea? _____

