



National Blood Clot Alliance

Stop The Clot[®]

Special Event Application

Includes

- Special Event Proposal
- Special Event Agreement
 - Proposed Budget

Special Event Proposal Form

Proposed Event: _____

Date / Time: _____ Location: _____

Contact Person: _____

Street: _____

City, State, Zip _____

Phone: _____ Email: _____

Event description: _____

Have you held a fundraiser for us before? Yes No

How will you raise money through this event? _____

Have you formed a committee to help organize this event? Yes No

How will you promote this event? _____

Why are you choosing to do a special event for the National Blood Clot Alliance?

Fundraising goal: _____ Projected expenses: _____
Please attach a detailed budget

Is National Blood Clot Alliance the sole beneficiary of the proceeds? Yes No

If not, please explain. _____

Please complete this form and fax or email it, along with your proposed budget and special event agreement to:

Judi Kaplan Elkin | Director of Regional Development and Education | National Blood Clot Alliance

T: 617.529.1054 F: 781.784.5531 E: jelkin@stoptheclot.org

Special Event Agreement

As a volunteer organizing an event to benefit the National Blood Clot Alliance, you will receive the following support:

- Use of the National Blood Clot Alliance name and logo to be used when indicating the beneficiary of your event.
- An IRS letter with the National Blood Clot Alliance's federal tax identification number.
- Liability insurance coverage up to \$1 million for participants, volunteers and event location as needed.
- The use of our FirstGiving platform for receiving online donations.
- An NBCA staff person will be assigned to serve as your main contact for the organization. NBCA has professional fundraisers on staff to advise you.

In order to receive the support as indicated above, the National Blood Clot Alliance requests that volunteers comply with the items listed below. It is important that volunteers comply with our policies as they protect our organization's corporate identity and reputation and ensure that we are in compliance with IRS regulations.

- The National Blood Clot Alliance name should always be spelled out and no adaptations or color changes should be made to our logo. Please do not refer to the organization using the NBCA abbreviation.
- Checks should be made payable to the National Blood Clot Alliance.
- The National Blood Clot Alliance accepts major credit cards (AMEX, MasterCard and Visa). Staff can process the charges if you send us the original signed form or copies of the signed form (RSVP card, flyer, etc.) directly to the National Blood Clot Alliance. Each donor's name, address, telephone number, credit card number, expiration date and signature are needed in order to process the charge. All charges should be sent to NBCA in a timely manner, so that the donor does not dispute the charge.

Volunteer Name: _____

Signature: _____

Date: _____

Please complete this form and fax or email it, along with your proposed budget and special event proposal form to:

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Special Event Budget Worksheet

Submitted by: _____	Event Date: _____
City, State: _____	Event Net Goal: _____

Sponsorships	Name	Revenue
Title	_____	\$ _____
Other	_____	\$ _____
Individuals	_____ @ _____	\$ _____
	Number of _____ per \$ amount	
Tables	_____ @ _____	\$ _____
	Number of _____ per \$ amount	
Other Income		
Ad Book		\$ _____
Live Auction		\$ _____
Silent Auction		\$ _____
Raffle		\$ _____
Contributions		\$ _____
Pledges		\$ _____

TOTAL REVENUE	\$ _____
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Attendee Benefits (non-deductible) Information	Cost / Person	Total Cost
Food / Beverage	\$ _____	\$ _____
Venue	\$ _____	\$ _____
Decorations	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Other (i.e. t-shirts etc.)	\$ _____	\$ _____
Total Benefits:	\$ _____	

Total Benefits Cost Per Person \$ _____

These are the costs for the benefits received by attendees/participants. To calculate the tax-deductible portion of a ticket, deduct the benefit cost from the total participation fee.

Other Expense Information	
Printing	\$ _____
Postage	\$ _____
Signage	\$ _____
Other (specify)	\$ _____

TOTAL EXPENSES	\$ _____
TOTAL COSTS (Benefits + Expenses)	\$ _____
TOTAL NET REVENUE	\$ _____