

Special Event Proposal Form

National Blood Clot Alliance

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: _____

Will your event require:

Liability Insurance Rider: Yes No

Waiver of Liability for Participant: Yes No

Please complete this form, along with your proposed budget and special event agreement and send to:

Caitlin Augustine | caugustine@stoptheclot.org | National Blood Clot Alliance

Special Event Agreement

National Blood Clot Alliance

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

- Use of the National Blood Clot Alliance name and logo to be used when indicating the beneficiary of your event.
- An IRS letter containing 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 CrowdRise platform.
- An NBCA Development / Regional Affairs staff member assigned to serve as your main contact and advisor.

In order to receive the support as indicated above, the National Blood Clot Alliance requires that volunteers comply with the items listed below. These important policies protect NBCA's corporate identity, trademark and reputation while ensuring that we are in compliance with IRS regulations for non-profit 501 (c)3 organizations.

- 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 must be made payable to the National Blood Clot Alliance and sent to us within 7 days of receipt.
- The National Blood Clot Alliance accepts major credit cards (AMEX, MasterCard and Visa) through CrowdRise, our secure online fundraising portal.
- The use of the phrase *Stop The Clot*[®] must always be trademarked.
- Event related Facebook pages, websites, media, signage, and all promotional materials containing our logo, name or Stop The Clot[®] trademark must be approved prior to launching or usage.
- The NBCA may only be identified as the beneficiary of the event. For example, organizers should not call the fundraiser, the National Blood Clot Alliance "*Name of Event*" The fundraiser should be promoted as the "*Name of Event*" to benefit the National Blood Clot Alliance.
- The National Blood Clot Alliance is not financially or otherwise liable for the promotion or execution of special events.
- All donations should be made by check payable to the National Blood Clot Alliance and either mailed directly to NBCA by the donor, or, if given to a volunteer, should be mailed to NBCA within 7 days of receipt. Please let us know in advance if a donor will be sending payment directly to us, so that we can ensure that it is credited properly to your event.

Volunteer Name: _____

Signature: _____ Date: _____

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Caitlin Augustine | E: caugustine@stopthecлот.org | National Blood Clot Alliance

Special Event Budget Worksheet

National Blood Clot Alliance

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

Sponsorships	Sponsor Name(s)	Income
Title @ \$ _____	_____	\$ _____
Other @ \$ _____ ea	_____	\$ _____
Individuals	_____ @ _____	\$ _____
	Number of tickets per \$ amount	
Other Income		
Auction		\$ _____
Raffle		\$ _____
Contributions		\$ _____
Other (specify) _____		\$ _____

TOTAL INCOME	\$ _____
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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	\$ _____
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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 ticket fee.

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

TOTAL EXPENSES A & B	\$ _____
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TOTAL NET REVENUE (Income - Expenses)	\$ _____
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