

# West Virginia Breast Health Initiative, Inc.

## 3<sup>rd</sup> Party Proposal Form

Thank you for considering West Virginia Breast Health Initiative, Inc. (WVBHI) to be the beneficiary of your awareness and revenue generating efforts and ideas. Please take a moment to complete this form and mail to WVBHI @ P.O. Box 6623, Charleston, WV 25302 or email to [ed@wvbhi.org](mailto:ed@wvbhi.org)

Our goal is to create corporate and 3<sup>rd</sup> party relationships that are mutually beneficial to West Virginians. Please give as much detail as possible so that we can quickly seek approval from the reviewers and help in promoting your event on our website and social media outlets.

Fields marked with an asterisk are required.

### CONTACT INFORMATION

Individual or Organization planning the event\* \_\_\_\_\_

Contact Name\* \_\_\_\_\_

Mailing address\* \_\_\_\_\_

\_\_\_\_\_

Phone\* \_\_\_\_\_

Email address\* \_\_\_\_\_

### Event Description

Name of Proposed Event\* \_\_\_\_\_

Brief description of the Proposed Event\* \_\_\_\_\_

\_\_\_\_\_

What was the inspiration for the Proposed Event?\* \_\_\_\_\_

\_\_\_\_\_

Event Date/s\* \_\_\_\_\_ Event Time \_\_\_\_\_

Event Location \_\_\_\_\_

How many people do you anticipate to attend the event? \_\_\_\_\_

How will funds/awareness be raised\*? \_\_\_\_\_

\_\_\_\_\_

**EVENT PROMOTION, LISCENSES AND TAX RECEIPTS**

How do you plan to promote the event? \_\_\_\_\_

Do you need an electronic copy of our WVBHI logo? \_\_\_\_\_

Will your event require tax receipts? \_\_\_\_\_

**USE OF LOGO, NAME & PROMOTION**

WVBHI will allow the use of the WVBHI logo and name in communications to the public, media and any other promotional materials to promote agreed upon event. Any use of the WVBHI logo and name must be approved, in writing, prior to its use\*.

**INSURANCE, LISCENSES AND FEES**

WVBHI will not cover insurance for third party events. Any licenses and fees will be paid by the organizer and will conform to WV government regulations\*.

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Please complete, sign and return this Third Party Event Proposal by mail to P.O. Box 6623, Charleston, WV 25302 or email to [ed@wvbhi.org](mailto:ed@wvbhi.org) . Acknowledgement of your application will be forwarded to you within 3 business days.

If you have any questions please feel free to contact us at 304-556-4808.

**Thank you for your support! You help to make our state and our communities immeasurably richer! We couldn't do it without YOU!**

