



## Northwest Arkansas Women's Shelter

### *Proposal Form*

For Third-Party Fundraising & Donation Drives

Individual/Organization: \_\_\_\_\_

Contact: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_, Ext. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

1. Please select intended event type.
  - Money will be raised, donated or collected
  - Tangible items will be collected for NWAWS or Thrift Store.
  - A combination donation fundraising/drive will be planned.
  - Unknown at this time
  
2. Please describe the event or promotion in detail: date(s), location(s), time(s), etc.
  
  
  
  
  
  
  
  
  
  
3. Please list all parties involved with the event (individuals, organizations, media, etc.)
  
  
  
  
  
  
  
  
  
  
4. For fundraising events, what is the total amount of revenue you estimate will be generated from the event?
  - Total revenue anticipated \_\_\_\_\_
  - Total expenses projected \_\_\_\_\_
  - Estimated amount that will be donated \_\_\_\_\_
  - Other \_\_\_\_\_
  - Not applicable \_\_\_\_\_
  
5. Please outline how you will promote the event and submit copies of the materials to be used.
  
  
  
  
  
  
  
  
  
  
6. Which, if any, names or logos are you requesting permission to use or display in connection with your event? Please check all that apply.
  - Name of the Northwest Arkansas Women's Shelter
  - Name of the Northwest Arkansas Women's Shelter Thrift Store
  - Logo of the Northwest Arkansas Women's Shelter
  - Not applicable

7. If name/logo will be used, how do you intend to use either?
8. How can NWAWS support your efforts? Check all that apply.

- Not applicable
- Promote through social media
- Link on website
- Provide marketing materials
- Set-up informational display/booth
- Provide donation box (for drives of tangible items)
- Staff/volunteer support
- Other: \_\_\_\_\_

9. What other organizations/nonprofits will benefit from this event?

What percentage will NWAWS receive?

10. Please include any other pertinent information.

11. Why did you choose the Northwest Arkansas Women's Shelter?

**Submitted by:**

\_\_\_\_\_  
(Print Name) Title/Organization

\_\_\_\_\_  
Signature Date

**In behalf of Northwest Arkansas Women's Shelter, Accepted by:**

\_\_\_\_\_  
Merritt J. Royal, Development Director Date

\_\_\_\_\_  
Angelique O'Bryan, President, Board of Directors Date

**Please return the completed form to:**

Merritt Royal, Development Director  
Northwest Arkansas Women's Shelter  
PO Box 1059 • Rogers, AR 72757  
[mroyal@nwaws.org](mailto:mroyal@nwaws.org) • FAX: 479-246-7074