



Northwest Arkansas Women's Shelter Third-Party Event Form

Thank you for thinking of the Northwest Arkansas Women's Shelter (NWAWS) as you plan your upcoming event. We appreciate your willingness to support the families who we serve. We ask all individuals and organizations to submit a Third-Party Event Description to our Development Department for approval prior to listing NWAWS as a beneficiary of your event. This will help to clearly establish the parameters and expectations for all parties involved in the activity. To assist you in presenting your third-party event to NWAWS, we have created this Third-Party Event Form. Third-Party Event Forms should be submitted for approval no later than:

- 90 days prior if you wish to have NWAWS cooperatively produce your event.
- 30 days prior to obtain approval for a beneficiary, drive, or "piggy back" event.

Please contact Amber Lacewell, VP of Communications and Development, at 479-246-0353 ext. 103 or alacewell@naws.org as soon as possible to discuss your event. If your planned event does not meet standard approval timelines, please call as soon as possible to discuss if an exception can be made.

(Please Type or Print)

PROPOSED THIRD-PARTY EVENT

Organization or Company (if applicable): _____

Contact Person: _____

Date: _____

Location(s): _____

Please select the type of event:

___ Money will be raised, donated, or collected

___ Tangible items will be collected for NWAWS or the Thrift Store

___ A combination donation fundraising/drive will be planned

___ Unknown at this time

Detailed Event Description: _____

Please list any other organizations who will benefit from this event and the % NWAWS will receive (if applicable):

EXPECTATIONS OF NWAWS

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 a speaker at the event
- Provide donation box (for drives of tangible items)
- Staff/Volunteer support (explain): _____
- Other: _____

ANTICIPATED COST & GROSS INCOME OF THE EVENT

Anticipated Gross Income: \$ _____

Sources of Income: (i.e. ticket sales, sponsorships, auction, etc.)

Anticipated Corporate Sponsor(s):

Anticipated Expenses: \$ _____

Types of Expenses: (i.e. printing, food, location, etc.) _____

EVENT ORGANIZERS

Primary Contact:

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

A.M. Phone: (_____) _____ P.M. Phone: (_____) _____

Fax: (_____) _____

Email: _____

Website: _____

Secondary Contact:

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

A.M. Phone: (_____) _____ P.M. Phone: (_____) _____

Fax: (_____) _____

Email: _____

Website: _____

I have read and agree to follow the NWAWS Third-Party Event Policy including all procedures and guidelines.

X _____
Signature Date

Print Name Print Title

**Please forward this completed and signed form to the
NWAWS Development Office
by fax (479-246-7074) or email at alacewell@nwaws.org.**

Northwest Arkansas Women's Shelter
PO Box 1059
Rogers, AR 72757
(Phone) 479-246-0353 (Fax) 479-246-7074

On behalf of the Northwest Arkansas Women's Shelter, approved by:

Jolana Aibangbee, President

Date

Amber Lacewell, VP of Communications & Development

Date