



Fundraising Partner Event Inquiry Form

Thank you for choosing United Cerebral Palsy of Oregon and SW Washington to be the recipient of your fundraising event proceeds. We request that you fill out the basic information about your event below and return it to gjohnson@ucpaorwa.org or 305 NE 102nd Ave., Ste. 100 Portland, OR 97220, Attn: Gavin Johnson.

Name of Event: _____

Person/Organization Supporting Event: _____

Contact Name: _____

Phone: _____

Email: _____

Date & Time of Event: _____

Event Location: _____

Event Description: _____

Is this event expected to generate more than \$10,000 in **gross** revenue? Yes No
If so, please attach an estimated budget for your event.

Is this a first time event? Yes No
If not, please provide past promotional materials or communications.

I have reviewed UCP's Third Party Event Guidelines and believe that my event plan is in compliance.

If you have any questions please contact Gavin Johnson at gjohnson@ucpaorwa.org or (503) 467-0355