

Special Olympics Wisconsin FUNDRAISING PROJECT APPLICATION

Name of project: _____

This project is on behalf of: _____
Local Agency

Individuals or Organizations involved in project: _____

Project date(s): _____

Give a brief description of the project: _____

Is a raffle being held in conjunction with this event? No Yes*
*If yes, see raffle requirements in Fund Raising section of the Agency Manager Handbook

Will the Special Olympics name or logo be used?
 No Yes (If yes, attach a sample of material(s))

Estimated dollars to be raised (gross income): \$ _____

Estimated expenses: \$ _____

Estimated dollars to local Agency: \$ _____

Submitted by: _____

Name Title

Mailing Address Telephone

Email Address

RETURN TO REGIONAL OFFICE 30-60 DAYS PRIOR TO EVENT

Approved: _____

Regional Director of Development Date