

Special Olympics Wisconsin

Fundraising Pre-Event Notification

Completed By: Date Completed:	
New Event:	Yes / No
Region #:	

Date of Event:	New Event: Region #: Local Program #:				
Location of Event:					
Special Event Dir/Local Progr					
		on of the Event ated Revenue and Expenses			
	Please include estima	ateu nevenue and Expenses			
76-1					
			Transaction Types		
			Cash	Checks	ACH
Estimated Revenue	\$		Classy	Greater Giving	Credit Card
Estimated Expenses	Other:				
	Event Activities (indicate all that apply)			
Raffle - Class A *	Registration	Auction - Live	Concessions		
Raffle - Class B *	Entry Fee	Auction - Silent	Souvenirs		
Other: Please explain					
Will the SOWI logo be used?	Yes / No				
* If circled please contact Ma	adison office or refer to Fund	d Raising section of the Local	Program M	anager Han	ıdbook for
raffle requirements					
	3rd Party - Individuals/	Organization Involved in Ever	nt ————		
	For Madison Office Use Only				
		pleted By &	Date		
1. If using the SOWI logo, atta	Approved:				
2. Cash, checks and all support	Received:				
within 2 business days of collec 3. List of event Class A volunte		Madison office 2 weeks prior to	Danaisada		
event date		8	Received:		
 Completed Fundraising Eve trossman@specialolympicswisc 	Received:				