



*Thank you for wishing to host a fundraiser to benefit foster youth in San Diego and Riverside Counties. Voices for Children would appreciate a brief overview of your proposed event.*

Company/Organization: \_\_\_\_\_

Contact Person/Organizer: \_\_\_\_\_

Event Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Event Date: \_\_\_\_\_ Hours of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Estimated number of event attendees : \_\_\_\_\_

What portion of the estimated net proceeds will be contributed to VFC:

100% \_\_\_\_\_ Other (state %) \_\_\_\_\_

If there will be any other beneficiaries of the special event proceeds (in addition to VFC), please identify them:

\_\_\_\_\_ N/A \_\_\_\_\_

Description of Event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain briefly why you chose VFC as the beneficiary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this event been done before? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Was Voices for Children the beneficiary? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

If previously conducted, what were the net proceeds to the sponsoring organization? \$ \_\_\_\_\_

Please describe how the event will be publicized:

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List any event sponsors:

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Total Expected Revenue: \$ \_\_\_\_\_ Total Anticipated Expenses: \$ \_\_\_\_\_

Will any sponsors or organizers receive compensation? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, how much? \_\_\_\_\_

Please describe what assistance, if any, you are requesting from VFC staff and/or volunteers:

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Would you like a Voices for Children trained speaker to present at your event?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please provide information, such as start time, length of speech and any other pertinent facts

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Other comments or information:

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*The undersigned acknowledges receipt of VFC's Policies and Procedures for Beneficiary Fundraisers and agree to comply with all provisions in organizing and holding our fundraising event.*

\_\_\_\_\_  
Sponsor/Representative

\_\_\_\_\_  
Voices for Children Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

Thank you for completing our Beneficiary Event Form. Completed forms may be faxed, mailed or emailed to:

**Voices for Children**  
**Attn: Sheila Owens, Special Events Manager**  
**2851 Meadow Lark Drive, San Diego, CA 92123**  
**Fax: (858) 569-7151**  
**Email: sheilao@speakupnow.org**