

# Baylor College of Medicine Fundraising Proposal Form

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*Thank you for your interest in raising funds for Baylor College of Medicine. This form serves as a means to gather the preliminary information necessary to determine whether the proposed fundraising project may or may not be associated with Baylor College of Medicine.*

*Please submit this form at least 60 days before your fundraising project begins. Once it has been reviewed and evaluated by our staff, you will receive a reply.*

*Please note that until your project is approved, the use of the Baylor College of Medicine name, logo, or any of its licensed marks is strictly prohibited.*

**Information:**

First Name:

Last Name:

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

E-mail:

Phone:

Cell Phone:

Fax:

Web Site:

Company Name:

Industry:

Number of Employees:

**Fundraising Proposal**

My project will provide a donation of at least \$5,000 to benefit Baylor College of Medicine. True  False

What are the estimated net proceeds that will benefit Baylor College of Medicine?

My project involves promoting an existing product or service from an established business (one or more years in operation). True  False

How do you plan to promote your fundraising efforts?

My project is not based on obtaining, using names of, or soliciting BCM donors, vendors, partners, employees, donors or volunteers. True  False

My project will not utilize telemarketing or door-to-door sales of a product or service. True  False

Are any other charities involved?

If yes, please name and explain other charities' involvement. What is the amount of the split?

My project will need to use the Baylor College of Medicine logo. True  False

If yes, how will you use the logo?

Please describe any request for Baylor College of Medicine staff support.

Have you raised funds before for BCM?

If yes, please explain your past fundraising.

Please describe your proposed fundraising project.

Begin Date:

End Date: