



**BOYS & GIRLS CLUBS  
OF METRO ATLANTA**

100 Edgewood Avenue, NE  
Suite 700  
Atlanta, Georgia 30303  
Phone (404) 527-7100  
Fax (404) 653-0035  
www.bgcma.org

To Whom It May Concern:

Thank you for your interest in supporting the Boys & Girls Clubs of Metro Atlanta (BGCMA). On behalf of the 17,000 children we serve annually, we appreciate your desire to support our mission.

Please find attached an event proposal form. If you would like your event considered for approval, please complete the attached form and return it to BGCMA at least 6 weeks prior to your planned event. We will respond to your submission within two weeks.

The support of our local community makes a big impact on our ability to serve children, but due to the organization's limited resources we can't offer staff or marketing support to most outside events.

If you want to request our help with staff or marketing support, a \$2,500 guaranteed donation is requested. Benefits for a minimum guaranteed donation to BGCMA of \$2,500 (after expenses are paid):

- Use of BGCMA name and logo for promotional materials, event signage, etc.
- Requests for BGCMA staff or volunteers at the event will be considered.
- Requests for assistance with public relations and promotions will be considered.

Benefits for events expected to net less than \$2,500 (after expenses are paid):

- Use of BGCMA name ONLY on promotional materials, event signage, etc.  
"A portion of the proceeds will benefit the Boys & Girls Clubs of Metro Atlanta"

If you have any questions, please do not hesitate to contact Shana Triche at (404) 527-7310 or [striche@bgcma.org](mailto:striche@bgcma.org). We look forward to hearing from you soon. Thank you again for your generous support.

Sincerely,

*Development & Marketing Department*

Updated on October 15, 2010

**GREAT FUTURES START HERE.**



**3<sup>rd</sup> PARTY EVENT PROPOSAL**

Contact Name \_\_\_\_\_

Company/Organization Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Type of Event       One Time       On-going (What frequency?) \_\_\_\_\_

Date(s) of Proposed Event(s) \_\_\_\_\_ Time of Proposed Event(s) \_\_\_\_\_

Location of Proposed Event(s) \_\_\_\_\_

Describe how you will raise funds \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total funds projected to be raised \_\_\_\_\_

Describe how funds will be distributed to BGCMA \_\_\_\_\_  
\_\_\_\_\_

Share your plans for publicizing the event \_\_\_\_\_  
\_\_\_\_\_

Anticipated event attendance \_\_\_\_\_

Will you solicit funds from Event Sponsors to underwrite the event?  Yes  No

If you plan to seek sponsorship support, please indicate below what companies you plan to approach.

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

Would you like a Boys & Girls Clubs of Metro Atlanta representative at the event?  Yes  No  
*(This does not guarantee someone will be available.)*

Do you need Boys & Girls Clubs of Metro Atlanta to provide volunteers to staff your event?  Yes  No  
*(This does not guarantee someone will be available.)*

How many and for what tasks? \_\_\_\_\_  
\_\_\_\_\_