



External Fundraiser Agreement

Name of Organization: _____ Contact: _____
Email: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Website: _____

Fundraiser/event Name: _____
Brief Description: _____

Event Location: _____
Event Frequency: One Time ___ Annual ___ Ongoing ___ Other: _____
Event Date(s)/Time(s): _____
How fundraising will occur (check all that apply):
 Collect donations : Monetary ___ In Kind (Supplies) ___ Both ___
 Admission/participation : _____ of proceeds donated (*please specify amount or percentage*)
 Other: _____
Additional information: _____
Anticipated Proceeds: _____
How/When will proceeds be distributed?: _____
What can HHS do to make the event a success?: _____

I agree to the terms set forth in this Event Agreement and all information provided is accurate.

Signature: _____ Date: _____

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*If you have any questions, please contact Emily James,
Resource Development Director, at donate@heartlandhumane.org
541-757-9000 x109 or fax 541-757-1090.*

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*Forms may also be mailed to:
Heartland Humane Society
398 Twin Oak Circle, Corvallis, OR 97333*