



## UW Agency Supplementary Fundraising Form

***Please submit this form 60 Days in advance of your event.***

Name of Agency:

Contact person:

Position:

Date of Event:

Is this a third party event?

If yes, please provide name of 3<sup>rd</sup> Party host:

Name of Third Party Contact

Proposed Activity:

Projected Dollar Amount to be raised

Start Date of Active Promotion:

Promotional Methods:

Other Comments:

By signing below, the agency agrees that the full amount raised will be given to the United Way CKL (cheque made out to UW from 3<sup>rd</sup> Party organizer). Fifty percent of proceeds will be immediately designated to the agency.

Name of Agency Representative (Please Print) \_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Third Party Organizer: \_\_\_\_\_ Date: \_\_\_\_\_

UW Office Use:

Date Received: \_\_\_\_\_ Date Approved By Board: \_\_\_\_\_

UW Authorized Signature: \_\_\_\_\_