

THIRD-PARTY  
**FUNDRAISING POLICY AND PROCEDURES**



October 2023

FUNDRAISER INFORMATION			
Name			
Date(s)		Time(s)	
Location			
Address			
City   St   Zip			
Phone			
Email			
Website			
POINT OF CONTACT (POC) INFORMATION			
Name and Title			
Address			
City   St   Zip			
Phone			
Email			
ALTERNATIVE POC INFORMATION			
Name and Title			
Address			
City   St   Zip			
Phone			
Email			
BRIEFLY DESCRIBE YOUR FUNDRAISING EVENT			

**Send completed form to: [fundraiser@projecthealingwaters.org](mailto:fundraiser@projecthealingwaters.org)**



Please list any requests you have for advertising materials or PHW staff support.

Please provide your projected income and expenses for your fundraising event.

<u>REVENUE</u>	Amount
Donations	
Sponsorships*	
Silent Auction	
Live Auction	
Paddle Raise	
Raffles**	
Other: please add a description	
Total Revenue	
<u>EXPENSES</u>	Amount
Food / Drinks	
Rentals	
Supplies / Equipment	
Other: please add a description	
Total Expenses	
Net Revenue from Event	

- Please attach a copy of your sponsorship levels and goods/services provided to sponsors.
- If you would like the net proceeds to benefit a specific PHW Program, please list it below.
- As a third party fundraiser, you must indemnify, defend, and hold PHW harmless including its Board of Trustees, officers, employees, and volunteers from and against any and all suits, claims, demands, liabilities, damages, costs, and expenses (including reasonable attorneys' fees) arising out of or relating in any way to your fundraising activity.
- The name(s) entered below indicates that the POC for the fundraiser will comply with this agreement and has obtained the required Federal, State, and Local licenses/permissions for all aspects of this event.

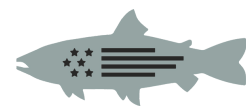
Point of Contact		Date	
Alternate POC		Date	

The signature below indicates that this fundraising request is **approved**.

Sarah Holt  
 Development Director  
 Project Healing Waters Fly Fishing, Inc.

Date

Send completed form to: [fundraiser@projecthealingwaters.org](mailto:fundraiser@projecthealingwaters.org)




All checks and money orders should be made payable and mailed to:


**Project Healing Waters Fly Fishing  
P.O. Box 695  
La Plata, MD 20646**

Name	
Fundraiser Name	
Fundraiser Date	
Total Amount Enclosed	
Notes	


- A tax acknowledgment letter will be mailed to donors within 2-4 weeks of receiving the donation if mailed to the address above.
- Please ensure all cash donations have been converted to a cashier's check or money order. If any cash donors wish to receive a tax acknowledgement letter, please complete the requested information on the next page.
- Project Healing Waters Fly Fishing is a 501(c)3, Employer Identification Number (EIN) 61-1518154.

EST.  2005


Name	
Address	
City	
State   Zip	
Phone	
Email	
Donation Amount \$	
Value of Goods / Service \$	
Goods / Service Recieved	

EST.  2005


Name	
Address	
City	
State   Zip	
Phone	
Email	
Donation Amount \$	
Value of Goods / Service \$	
Goods / Service Recieved	

EST.  2005


Name	
Address	
City	
State   Zip	
Phone	
Email	
Donation Amount \$	
Value of Goods / Service \$	
Goods / Service Recieved	

EST.  2005

Name	
Address	
City	
State   Zip	
Phone	
Email	
Donation Amount \$	
Value of Goods / Service \$	
Goods / Service Recieved	

EST.  2005

Name	
Address	
City	
State   Zip	
Phone	
Email	
Donation Amount \$	
Value of Goods / Service \$	
Goods / Service Recieved	

EST.  2005

Name	
Address	
City	
State   Zip	
Phone	
Email	
Donation Amount \$	
Value of Goods / Service \$	
Goods / Service Recieved	