

## **Fundraising Event Application Form**

Name: \_\_\_\_\_

Organization Affiliation (if applicable): \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Start Time / End Time: \_\_\_\_\_

Location: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Would you like to use LAWC's logo on your event promotional material? Yes / No

How are you planning to promote your Fundraising Event?

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

Would you like LAWC to cross promote your event?

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

Why have you chosen to support the London Abused Women's Centre?

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

Your Email: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

I acknowledge that I need permission from the London Abused Women's Centre to use their name/logo for my fundraising event before moving forward with hosting the event. Yes / No