



7000 Hamilton Avenue • Cincinnati, OH 45231 • 1-513-522-3860
www.clovernook.org

FUNDRAISING PROPOSAL

Please complete and return a copy of the Proposal.
If you are a tax-exempt organization attach a copy of your 501(c)(3) letter.
Jessica Salyers jsalyers@clovernook.org (Fax) 513-728-3946

Contact Person _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Website _____

Name of event _____ Date of event _____

Location of event _____

City _____ State _____ Zip _____

1) Describe your project or event: _____

2) Anticipated number of participants: _____

3) What your fundraising goal? \$ _____

4) What steps will you take to promote your event to reach your goal? _____

5) Why have you chosen Clovernook Center for the Blind and Visually Impaired as the beneficiary of your event? _____

6) List all beneficiary organizations and the percentage designated to each, including CCBVI: _____

Please note: If Clovernook is receiving 100% of the proceeds, we would be happy to feature your event in our internal newsletter the Clover Notes. We will use the information you provide in number 8 for the article.

7) List the names and addresses of corporations you are approaching to help with the cost of (underwrite) your event: _____

8) Do you want your event to be featured on the Clovernook Center for the Blind and Visually Impaired's web site? If so, please submit a one paragraph profile of the event, and a related photograph or two, along with this form. _____

