



THE BRIDGE BREAST NETWORK

Fundraiser Interest Form

Contact Information

Full Name _____

Organization/Company _____

Phone Number () - Email Address _____

Fundraiser Details

Name of Fundraiser _____

Type of Fundraiser:

- Social Event (birthday, brunch, dinner, etc.)
- Community Event (walk, fitness class, etc.)
- Give-Back Day (restaurant/business partnership)
- Tribute Fundraiser
- Other: _____

Event Information

Proposed Date(s): _____

Location (if known): _____

Estimated Number of Attendees: _____

Fundraiser Description

Please describe your fundraiser idea:

Fundraising Goals

Do you have a fundraising goal? Yes No

If yes, amount: \$ _____

Promotion & Outreach

How do you plan to promote your fundraiser?

- Social Media
- Email
- Word of Mouth
- Workplace
- Other: _____

Support Needed from Bridge Breast Network

What support or resources are you requesting from our team?

- Use of name/logo
- Marketing Materials
- Event attendance (staff/representative)
- Guidance/planning support
- Other: _____

Agreement & Acknowledgement

I agree to inform Bridge Breast Network of my fundraising plans and will represent the organization in a positive and respectful manner.

I understand that use of Bridge Breast Network's name, logo, or branding should be coordinated with the organization to ensure accuracy and alignment with its mission.

Submit Your Form

Please email your completed form to: development@bridgebreast.org

Signature _____ Date _____

Internal Use Only (To be completed by Bridge Breast Network Staff)

Approved Yes No Follow-up Date _____

Additional Notes (Optional): _____
