



### Event Questionnaire

Thank you for hosting a special on behalf of The Karen Wellington Foundation for LIVING with Breast Cancer. Please return this form and any other information pertaining to your event (such as fliers or social media announcements). The more we know, the more we can support you on our website and social media outlets.

Name of Company/Individual/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### EVENT INFO

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

Time: \_\_\_\_\_

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

Type of event: \_\_\_\_\_

fundraiser, awareness, walkathon, lemonade sale, block party

Expected attendance: \_\_\_\_\_

Description of event: \_\_\_\_\_

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

If this is a fundraising event, specifically how will you be raising funds and what is your fundraising goal?

\_\_\_\_\_

Will you need copies of logos or other branded KWF items for your event? If so, please list below.

Y / N

\_\_\_\_\_

Do you need assistance at the time of your event from KWF Staff or Volunteers?

Y / N

Can we use your event photos on our social media platforms?

Y / N

Any additional information we should know

\_\_\_\_\_

Thank you very much. For more information about the Karen Wellington Foundation, please visit our website [www.karenwellingtonfoundation.org](http://www.karenwellingtonfoundation.org) and refer to our "Tips for a Successful Event".