



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 additional event questions please contact ashley.fasola@karenwellingtonfoundation.org and refer to our "Tips for a Successful Event" form.