



Event Questionnaire

Thank you for supporting The Karen Wellington Foundation for LIVING with Breast Cancer. Please take a moment and answer the following questions to ensure your event's success. Please return this form and any other information pertaining to your event, so that we can support you and add to our website and social media outlets.

Name of Company/Individual/Organization: _____

Address: _____

Phone: _____ Email: _____

Date of Event: _____ Time: _____

Location: _____

Type of event (fundraiser, awareness, etc): _____

Number of people expected to attend: _____

General Overall description of event plans: _____

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 information from KWF for your event? _____

Will your event require a representative from KWF to attend? _____

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

Please return this form to Kim Ciesick, 6767 Maddux Drive, Cincinnati, OH 45230, or email KWFCincinnati@gmail.com.