



Event Proposal

Thank you for choosing Planned Parenthood of Central and Western New York as the beneficiary of your event. We look forward to working with you.

Please complete this application and email the completed form to giving@ppcwny.org or mail to:

Planned Parenthood of Central and Western New York
c/o Development
114 University Avenue
Rochester, NY 14605

Event Information:

Event Name: _____

Event Description: _____

Event Location: _____

Event Date: _____

Start Time: _____ End Time: _____

Will any other charitable organizations benefit from this event? _____

If yes, please name and describe how they will benefit: _____

Contact Information:

Name of Individual/ Business/ Organization: _____

Contact Name: _____ Email: _____

Telephone (W): _____ (H): _____ (C): _____

Please Circle your preferred method of communication: Email Work Home Cell

Previous relationship with Planned Parenthood:

Event Income

How will the event proceeds be transmitted to PPCWNY? (check all that apply)

Cash _____ Check: _____

Please indicate whether you will write one check made out to PPCWNY and/or whether you will be sending checks made out by individual donors.

_____ One check to PPCWNY

_____ Checks made out by individuals to PPCWNY

Send check(s) to:

Planned Parenthood of Central and Western New York
114 University Ave
Rochester, NY 14605

How would you like to be recognized in print and online for this gift? _____

Or would you rather be anonymous? _____

Is this gift in honor/ memory of anyone? _____

Do you wish to restrict your gift to one site/program? _____