



Community Events Form

Special events and promotions to benefit The Atlanta Women's Foundation organized by third-party individuals, organizations or corporations

Organization: _____

Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Event Title: _____

Description: _____

Date of Event: _____

Hours: _____

Location: _____

Sponsors: _____

Budget Information:

Projected Income: _____

Projected Expenses: _____

Projected Donation: _____

**Publicity/
Promotions:**

Please list all areas, i.e. brochures, invitations, press release, etc.

Will other charitable organizations benefit from this event? If so, please list each organization. _____

Applicant has read the Guidelines for Community Events Benefiting The Atlanta Women's Foundation and agrees to abide by them. The Atlanta Women's Foundation is not liable to any party or vendor for any fees, costs, or payments of any kind, and applicant agrees to indemnify and hold harmless the organization against any claims by third parties or vendor for such fees, costs, or payments incurred pursuant to this agreement.

Signature: _____ **AWF Signature:** _____

Date: _____ **AWF Date:** _____

Please return completed form to The Atlanta Women's Foundation:

3355 Lenox Road, Suite 850, Atlanta, GA 30326

Email: AWFEvents@atlantawomen.org • Fax: 404.589.0000 • Phone: 404.577.5000