

FUNDRAISERS



Client Questionnaire

Name			
Contact Numbers	Office:	Mobile:	Other:
Email			
Website			
Physical Address			
Mailing Address			

Is your organization a registered Non-profit within the Guam Department of Revenue & Taxation?

YES NO NO, How do we register? Please email further info.

If YES, Please provide Guam Tax Status: _____ Date of Registration: _____

Information for three official officers or members whom shall be responsible for the operation of the fund raising activities and the use to which the net proceed will apply:

NAME	POSITION	SIGNATURE	CONTACT #
_____	_____	_____	_____
NAME	POSITION	SIGNATURE	CONTACT #
_____	_____	_____	_____
NAME	POSITION	SIGNATURE	CONTACT #
_____	_____	_____	_____

Fundraising Goal (s)	\$ _____	Date Due:	_____
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Please answer questions and fields on the next pages as thoroughly as possible and check all boxes that apply. This will assist us in creating fundraiser plans for events or programs that will be most compatible to your organization. Thank You!

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Goals, Personality, Vision or Mission:				
Fundraising Chairperson	Contact Number			
	Email Address			
Use(s) to which the net proceeds will be applied: (Reference quotes if able)				
Number of Participants:	_____ to _____ <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 30 <input type="checkbox"/> 50 <input type="checkbox"/> 70 <input type="checkbox"/> 90 <input type="checkbox"/> 100+ <input type="checkbox"/> 200+			
Participant Diversity Profile	Ages: ___ to ___ <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> 20+ <input type="checkbox"/> 30+ <input type="checkbox"/> 50+ <input type="checkbox"/> 70+			
	Genders: <input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> LGBT: _____ <input type="checkbox"/> ALL			
	Cultural Backgrounds:			
	Any areas of sensitivity?	Health:		
		Religion:		
		Hobbies:		
		Other:		
Interested in Fundraising Categories of: _____, _____, _____				
Interested in Fundraising Types of: _____, _____, _____				
Interested in Fundraising Bases of:				
Fundraiser Name:	_____	Date to implement:	_____ \$Goal: _____	
Fundraiser Name:	_____	Date to implement:	_____ \$Goal: _____	
Fundraiser Name:	_____	Date to implement:	_____ \$Goal: _____	
Original Fundraising Idea:				

