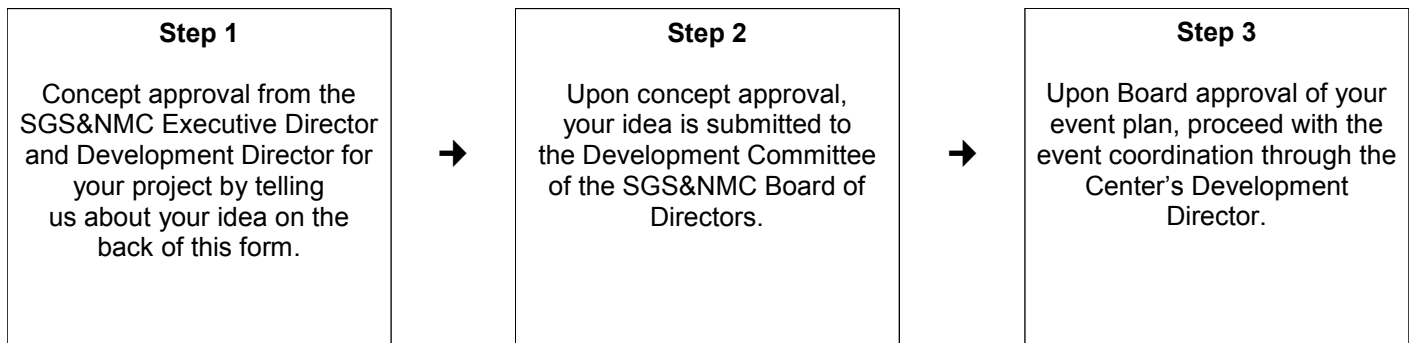




Concept Proposal Guidelines

Dear Prospective Fundraiser,

We appreciate and welcome your interest in helping to raise funds for the developmentally disabled children who attend the Spokane Guilds' School & Neuromuscular Center. As we're certain you can appreciate, it is very important to our entire organization that we uphold the good name and reputation of the SGS&NMC. To that end, the Board of Directors has created an easy three-step approval process that we ask all prospective funders to complete prior to using the SGS&NMC name or logo.



In order to organize and spend resources and staff/volunteer time in the manner most effective to produce positive results, we ask that you please follow this process which helps assure quality and success.

Thank you for considering the Spokane Guilds' School & Neuromuscular Center for your fundraising idea. Please mail this application to the Spokane Guilds' School, Attention: Development Committee, 2118 W. Garland Ave., Spokane, WA 99205 OR fax the form to (509) 326-1658. If you have questions, please feel free to contact Ken Daniel, Development Director, at (509) 326-1651. We look forward to reviewing your application, and sincerely appreciate your interest in helping our organization.

Sincerely,
Board of Directors
Spokane Guilds' School & Neuromuscular Center

Spokane Guilds' School & Neuromuscular Center Mission Statement

We believe in the worth of every individual and their right to a meaningful life. Our purpose is to nurture the full potential of families and their children, from birth to three, with disabilities. We do this through a personalized, comprehensive program of assessment, therapy, education, and support.



Concept Proposal

Sponsor Group Name: _____

Sponsor Group Address: _____

Idea Name: _____ Date: _____ Time: _____

Place Held: _____ Cost to Attend: _____

Conceptual Statement: _____

How will you staff this activity? _____

How many people will this require? _____

Cost of activity: _____ Amount of revenue you expect to raise from this activity: _____

Fundraising history of your organization: _____

Your name: _____ Title: _____
Please print *Please print*

Signature: _____

Date submitted: _____ Work phone: _____ Home phone: _____

<i>Approved / Non-Approved</i>	Reason for non-approval:
_____ Development Director Date	_____
_____ Executive Director Date	_____
_____ Development Committee Chairperson Date	_____