



P.O. Box 426, Clarence, NY 14031 ■ www.buffaloniagarahonorflight.org
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FUNDRAISING APPLICATION FORM

Buffalo Niagara Honor Flight (BNHF) is pleased to partner with organizations that wish to designate it as a beneficiary. In order to review your offer, we would like to find out a few details. Please complete the information below. Requests should be submitted at least **60 days** prior to your event/activity. If additional space is needed, please attach a separate document.

Date of Application: _____

Legal Name of Organization: _____

DBA if other than above: _____

Address: _____

City/State/Zip: _____

Email: _____ Website: _____

Date and time of event/activity: _____

Where will event/activity be held? _____

Event/activity description: _____

Is this a first time event/activity?

___ Yes ___ No - If No, when was it last held? _____

Yes ___ No

What opportunities will BNHF have for recognition? (event program, marketing material, website, social media?) ? _____

Please indicate the admission, participation or other cost to attendees (if applicable): _____

What involvement do you want from BNHF? (e.g. presentation, BNHF material, promotion, volunteers, etc.) _____

Assistance Fundraiser can expect from BNHF: _____

What is the anticipated dollar amount/percentage from the event/activity to be donated to BNHF? _____

How did you learn about BNHF? _____

Do you know anyone from BNHF? ___ Yes ___ No If yes, in what capacity? _____

Any information you think we should be aware of that will help us make a decision about partnering with your organization? _____

Contact Name _____ Email _____

Address _____

City/State/Zip: _____

Work Phone _____ Home/Cell Phone _____

TERMS OF AGREEMENT:

By submitting this application, I acknowledge and agree to the following terms: Buffalo-Niagara Honor Flight will review this application and provide response within 1-2 weeks, which may include approval, review, or denial. Prior to any marketing efforts including the use of the Buffalo-Niagara Honor Flight logo, please ensure that all marketing flyers are approved by Buffalo-Niagara Honor Flight before use. Please note that the success of the event, including marketing and other aspects, is the responsibility of the entity or organization hosting the fundraiser. If cash is collected at the door, we may request a representative from our organization to assist in counting the funds, subject to board availability. Timely submission of funds is crucial; failure to do so may result in disqualification from future fundraising opportunities with us. Additionally, please be aware that we may request an update on the total donations/proceeds collected from the event at a later date. I understand and accept these terms and conditions.

Assistance Fundraiser can expect from BNHF:

1. Use of BNHF name as its beneficiary charity.
2. Use of BNHF logo and/or name for promotional purposes including printed material, social media and airwaves. Prior approval must be received for specific uses.
3. BNHF brochures and other promotional materials including banner. Banners and any unused BNHF materials are to be returned to BNHF.
4. Possible BNHF representation at event and/or promotional activities. Request should be submitted as far in advance as possible and is not guaranteed, as BNHF is a 100% volunteer organization with limited availability. Details of BNHF attendance at event should be included in request.

BNHF thanks you for your interest in fundraising on behalf of our veterans who will benefit from your generous support. If you have any concerns, questions or queries, please feel free to contact us at (716) 473-8465- Tom Petrie or (716) 628-3767- Nancy Babis or email info@buffaloniagarahonorflight.org.

By submitting this agreement you will abide by the terms and conditions:
Contact must be 18 years of age or older and represents and warrants that he/she is duly authorized by the participating organization to enter into this agreement on behalf of the Fundraiser. This is a binding contract. **Upon Board Approval the BNHF will send an Authorization Notice by email, which confirms and authorizes the activity/event.** If the fundraising event is denied, you will be notified by email.

Please send or email this form to: Buffalo Niagara Honor Flight

PO Box 426

Clarence, NY 14031 info@buffaloniagarahonorflight.org.

OFFICE USE ONLY:

Organization Representative _____ Representative Title _____

_____ Date BNHF acknowledges request

_____ Date BNHF Approves/Denies request

_____ Date Approved Application sent to Volunteer and Promotion Chairs _____ Date Insurance received

_____ Date Feedback Requested