



Development Proposal Form

Thank you for your interest in supporting AIDS Project Los Angeles! Through this form, we seek to gain more information about your fundraising proposal. Please fill out each field completely and return to:

Madonna Cacciatore
AIDS Project Los Angeles
The David Geffen Center
611 South Kingsley Dr.
Los Angeles, CA 90005.

Or fax to:
213-201-1595
Attn: Madonna Cacciatore

We look forward to working with you!

1. **Contact Information:**

Your name:			
Company name:			
Your address:			
			Street Address
Address:			
		City	State
			ZIP
Telephone:		Email:	

2. **Proposal Information:**

- a. Briefly explain your fundraising proposal in the space below. (Attach additional pages, if needed.)

b. Do you have a pre-existing relationship with APLA, or have you ever engaged in any previous APLA-related fundraising? If yes, please explain.

c. What are the specific benefits to APLA from this proposal? (e.g., if APLA is to receive cash proceeds from an event, how much do you anticipate donating?)

3. **APLA Involvement:**

a. In the space below, detail specifically what you require from APLA (e.g., rights to use our logo / name; marketing assistance; volunteer needs; banners / printed materials, etc.)

b. What is the date / timeline of your proposal? Are there any deadlines APLA should consider?

4. **Additional Information**

a. When is the best time to reach you? Do you prefer e-mail or phone?

b. Use this space for additional comments or questions.

Important note: Please do not advertise or speculate about APLA involvement with your project until an APLA representative has authorized use of our name or logo.

Thank you for your interest in supporting AIDS Project Los Angeles! A member of our Development Team will contact you regarding your proposal. We deeply appreciate your interest in helping us raise funds for the critical programs and services we offer to our friends and neighbors living with HIV/AIDS in Los Angeles County.