The Atlanta Children’s Shelter, a private, non-profit 501 (c)(3) organization, sincerely appreciates your interest in holding a benefit event to aid homeless children and their families.

Please provide the following information:

**Organization Information**
Organization Name: 
Address: 
Contact Name: 
Phone: Email: 
Type of Business: 

**Event Information**
Event Name: Is it annual? 
Event Description: 
Date: Hours: 
Expected Attendance: 
Venue / Address: 
How is revenue generated? 

**Proceeds Information**
Distribution of Proceeds: ___% to the Atlanta Children’s Shelter  
___% to Your Organization  
___% to Other 
$__ Event Overhead (any fees that ACS is required to pay)

Estimated Contribution: ___________ Date ACS will receive contribution: ___________

**Requested Assistance From The Atlanta Children’s Shelter**

_____ Please email a digital logo* for promotional use to __________________________

*Any place that the logo is used must be reviewed and approved by ACS before use.

All Third Party Events must be approved by the Executive Director prior to the date of the event.

_________________________  _____________________
Executive Director Signature   Date