

Event/Partnership Proposal

Attach this form to an email and send to customercare@girlscoutsgwm.org. A GSGWM staff member will be assigned to your proposal for follow up within 10 business days.

Name of Organization/Business: _____

Address: _____ City: _____ State: ____ Zip: _____

Contact within the Organization/Business: _____

Contact's Email: _____ Contact's Phone: _____

Which level of Sponsorship are you asking for?

- Level One: \$150 (\$75 non-profit)
- Level Two: \$350 (\$175 non-profit)
- Level Three: \$550
- Level Four: \$700

Select any of the following which also appeal to your organization/business:

- Purchasing ad space in available publications
- Providing volunteers to council programs
- Sponsorship opportunities**

Which age level(s) will benefit most from your program?

- Daisy (K-1)
- Brownie (2-3)
- Junior (4-5)
- Cadette (6-8)
- Senior (9-10)
- Ambassador (11-12)
- Adult Members (age 18+)

In what category does your program fit?

- Arts
- Environmental
- Health and Fitness
- STEM
- Travel
- Life Skills
- Other: _____

**Portions of sponsorships may be tax deductible.

Event/Partnership Proposal

How do your organization/business's goals coincide with the mission of Girl Scouting?

Please describe the program you hope to offer to our Girl Scouts. (40-word maximum.)

Program Specifics (fill out all that applies)

Program Date: _____ Cost per girl: _____ Cost per adult: _____

Program Location: _____

Coordinator of Program: _____

Coordinator Email: _____ Phone: _____

Conditions of Collaboration

- Program will not take place in a private home.
- The organization/business can show proof of liability insurance of at least \$1,000,000.
- There is no element of direct sales involved. (Our council does not allow promotion of direct sales/product demonstration parties to its membership, and troops cannot participate in such opportunities as a money-earning project.)
- The organization/business will not collect names and addresses for the purpose of mailing lists.

Signature of Organization/Business Representative: _____

Date: _____