

B.P.O.E. DENVER 17 CHARITABLE EVENTS PROPOSAL

Name of Event: _____

Committee: _____

Primary Contact Name: _____

Email: _____ Phone: _____

Date of Event: _____ Date Available on Calendar: Yes No Unsure

Room(s) Requested (note Lodge Room requires vote at meeting): _____

Is this event open to all Lodge Members or fulfill our Lodge Philanthropic Mission? Yes No Unsure

Please describe your charitable proposal and how it supports your committee or the mission of the Lodge:

Charitable partner or beneficiary:

Event Date & Program Type

Program Type:  Program Name:

Participation

Head Count: Number of Elks: Number of Non-Elks:

Volunteer Hours

Elk Hours:

Helper Hours:

Mileage

Elk Mileage:

Helper Mileage:

Donations Non cash:

Cash: