EXHIBIT 1-C

# BRAF Fundraising Event Summary

Please complete and submit this form along with any remaining deposits or requests for expense reimbursements no later than 30 business days following the Event to BRAF.

Event Name: _____ Event Date: _____

Fund Name: _____

Fair Market Value of goods or services received by each donor at event (dinner, beverages, t-shirts):

| SPONSORSHIP/TICKET LEVEL | ITEMS/BENEFITS INCLUDED | FAIR MARKET VALUE |
|---|---|---|
| Ex. Attendee Ticket | Meal | $25 |
| Ex. Gold Sponsor | 10 meals, swag bag, media | $750 |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |

Total Fair Market Value of goods or services received by donor: _____

## FINANCIAL SUMMARY

| ACTUAL REVENUES RECEIVED | | ACTUAL EXPENSES INCURRED | |
|---|---|---|---|
| Admissions | | | |
| Sponsorships | | | |
| Contributions | | | |
| Other Sources of Revenue: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Total Revenue Received:** _____ **Total Expenses Incurred:** _____

NET REVENUE (Total Revenue Received - Total Expenses Incurred) _____

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Please attach the following:

1. Donor information (if not included with actual contribution) for acknowledgement by Foundation- name, address, phone number, date, amount of contribution, type of contribution, fair market value of items or services received by donor. If auction was held, list the following: item, their value, purchaser information and amount paid for each.

2. Invoices from third-party vendors.

Fundraising Coordinator Signature: _____

Internal Use Only
BRAF Signature: _____