



# NEUROENDOCRINE TUMOR RESEARCH FOUNDATION

DEDICATED TO CURING NEUROENDOCRINE CANCER

## Community Fundraising Event Budget Template

Briefly describe the event and how funds will be raised (e.g. ticket sales, pledges, sponsorship, auction, raffle, etc.) – attach separate sheet if necessary:

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Does your event require a license? Yes\_\_\_ No\_\_\_

Please list all *anticipated revenue* and *anticipated expenses*, even if you expect the items to be donated:

### REVENUE:

Registration Fees/Admission \$\_\_\_\_\_ Sponsorships: \$\_\_\_\_\_

Raffle: \$\_\_\_\_\_ Auction (Silent and/or Live): \$\_\_\_\_\_

Cash Donations: \$\_\_\_\_\_ Other (please describe): \_\_\_\_\_

**TOTAL EXPECTED REVENUE:** \$\_\_\_\_\_

### EXPENSES:

Location Fees: \$\_\_\_\_\_

Food/Beverage: \$\_\_\_\_\_

Printing (tickets, posters, etc.): \$\_\_\_\_\_

Security (if necessary) \$\_\_\_\_\_

Advertising & Promotion: \$\_\_\_\_\_

Supplies: \$\_\_\_\_\_

Licenses/Permits (if necessary) \_\_\_\_\_

Prizes/Giveaways: \$\_\_\_\_\_

Other (please specify) \$\_\_\_\_\_

**TOTAL EXPECTED EXPENSES** \$\_\_\_\_\_

Amount, if any, to be donated to other beneficiaries (not NETRF): \$\_\_\_\_\_

**NET REVENUE** (Amount expected to be donated to NETRF) \$\_\_\_\_\_

Please indicate the anticipated date that funds will be received by NETRF: \_\_\_\_\_

For any questions and/or additional information, please contact:

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