



Third Party Fundraiser Proposal

Thank you for choosing to support Camino Wellbeing + Mental Health

We'd like to know a little bit more about you and your fundraiser. Please fill out as much information as you can. Please send your completed form to development@caminowellbeing.ca at least 30 days in advance of your event for approval.

Date Submitted: _____

Contact Information

Name of company/group organizing the event: _____

What is your connection with us?: _____

Contact person: _____ Title: _____

Mailing Address: _____

City: _____ Postal Code: _____

Tel.: _____ Tel. (Alt): _____ Fax: _____

E-mail: _____ Website: _____

Event Information

Event Date: _____ Start Time: _____ End Time: _____

Venue: _____

Name of Proposed Event: _____

Please provide a brief description of your event or product idea and outline how funds will be raised (for example, ticket sales, auction, product sales, pledges):

Will liquor be served? Yes No If so, who holds the liquor license? _____

Is this the first year of the event? Yes No Past beneficiary, if applicable: _____

Estimated number of participants or attendees: _____

Will any portion of the proceeds be going to other organizations? Yes No

If Yes, Who? _____ Estimated event revenue: _____

What support do you require from Camino Wellbeing + Mental Health?

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Table Display | <input type="checkbox"/> Brochures | <input type="checkbox"/> Banners |
| <input type="checkbox"/> Donation Forms & Envelopes | <input type="checkbox"/> Presentation | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Speakers | <input type="checkbox"/> Use of logo | <input type="checkbox"/> Tax Receipt(s)* |

*Tax receipts will be issued according to Canada Revenue Agency guidelines. The issuing of receipts must be approved by Camino Wellbeing + Mental Health prior to the event.

Will your event be promoted: Privately (internally) Publicly Both

How will you promote your event?

- Posters/Flyers Social Media Radio/TV Website Other: _____

Please tell us any additional information or ask any questions of us that you might have:

Agreement

I, _____, agree that the information in this form is the best representation of the event I/we plan on organizing on behalf of Camino Wellbeing + Mental Health.

Signature: _____ **Date:** _____

Camino Wellbeing + Mental Health truly appreciates your charity efforts and wishes your organization every success in this venture!