



Community Fundraiser Proposal Form

Thank you for your interest in supporting the Chatham-Kent Hospice. Tell us about your third-party fundraiser by completing this form and submitting it to the Special Events Coordinator at least six weeks prior to the event.

Contact Information:

Event/Fundraiser Name: _____

Organizing Company/Group: _____

Contact Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Event Information:

Date of event: _____ Start and end time of event: _____

Location: _____

Is this event open to the public? **Yes** **No**

Who is the target audience of this event? _____

Anticipated number of guests/attendees: _____

Is this event: **One Time** **Annual** **Ongoing**

Has this event taken place before? **Yes** **No** If yes, when? _____

What is your cancellation policy? _____

Are there any other organizations receiving funds from his event? **Yes** **No**

If so, please list the additional organizations: _____

What is your fundraising goal? _____

What percentage of the proceeds will Chatham-Kent Hospice receive? _____

Will you be holding a raffle or giving out door prizes? **Yes** **No**

Will you be looking for sponsors or requesting prizes for your event? **Yes** **No**
(If **yes**, please provide a list of businesses/organizations you plan to approach for sponsorship.)

Do you have a promotions plan? If so, please outline:
(This includes the use of newspaper, radio, posters, flyers, etc. Please attach any samples to the application.)

Additional Support:

Would you like a speaker from Chatham-Kent Hospice at your event? _____

Please specify which promotional materials you require from Chatham-Kent Hospice Foundation?

Logo **Banner** **Information Brochures** **Lawn Signs**

Would you like Chatham-Kent Hospice Foundation to give your event exposure on our social media channels? **Yes** **No**

Please include your social media channels and we will share posts about your event:

Facebook: _____ Instagram: _____

Why did you choose Chatham-Kent Hospice to be the recipient of your event? _____

I have read the terms and conditions attached to this form (initial): _____

Signature of Organizer: _____ Date: _____

Chatham-Kent Hospice Foundation: _____ Date: _____

Approved **Declined**