Parkinson Society Southwestern ONTARIO

123-4096 Meadowbrook Dr | London ON N6L 1G4 | 1-888-851-7376 | 519-652-9437

FUNDRAISING PROPOSAL

Contact Person:		
Organization:		
Address:		
City:	Province:	Postal Code:
Phone:		Fax:
Email:		Website:
Name of event:		Date of Event:
Time of event:	Location of Event:	
City:	Province:	Postal Code:
 Anticipated number of participant. 	S:	
3) What is your fundraising goal?		
4) What steps will you take to promo	ote your event? (Check all t	hat apply)
Newspaper (list)	Radio (list)	□ Television (list)
 Magazines (list) 	□ Posters	□ Flyers
□ Signage	□ Websites (list)	□ Other:

-2-

5) How do you wish to have Parkinson Society Southwestern Ontario involved?

6) What support do you expect from Parkinson Society Southwestern Ontario (Volunteers, Materials,

Staff, etc.)?

7) If you are donating a PORTION of the proceeds from your event, rather than the full amount, to Parkinson Society Southwestern Ontario, please specify what percentage or dollar value you will be giving.

% of proceeds _____ OR Value of Proceeds \$_____

8) Will the Society be required to issue tax receipts?

Yes
No

If yes, please provide details and Parkinson Society Southwestern Ontario will contact you regarding Canada Revenue Agency compliance.

9) Please include a copy of your budget, listing revenues and expenses.

10) If you would like your event to be featured on the Parkinson Society Southwestern Ontario website, please submit a one paragraph profile of the event, and one or two related photographs, along with this form.