

MOMIJI HEATH CARE SOCIETY
THIRD PARTY FUNDRAISING APPLICATION

CONTACT INFORMATION

Select Category: Corporation School Community Group Service Club Individual

Organization Planning Event: _____

Main Contact: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Website: _____

Home: _____ Business: _____ Mobile: _____

EVENT INFORMATION

Name: _____

Date: _____ Time: _____

Location: _____

Description of the nature of the event and how funds will be raised: _____

What inspired you to hold this event for MHCS? _____

Are other charities receiving funds from this event: No Yes, please indicate charity: _____

What is your fundraising goal: \$ _____

MHCS ROLE IN YOUR EVENT

- MHCS logo to appear on event promotional materials (approval must be received before going to print)
- MHCS to post event details (i.e. event description, contact information, etc.) on Facebook
- Contact MHCS to discuss your promotional material needs (i.e. banner, pamphlets, etc.)

In view of MHCS limited staff and volunteer resources, a minimum of three weeks notice is required to request an MHCS representative attend your event. Ability to attend is dependent upon availability of MHCS staff and volunteers, the number of TPF taking place, and the location and timing of the TPF.

Event Representative

Approval of MHCS Representative

Date

Date