

Proposal form - Third party fundraiser

Benefitting the West Island Cancer Wellness Centre

Please complete this form and submit it to Alisson Weiss: alisson@wicwc.org



WICWC.ORG

**CENTRE DE BIEN-ÊTRE DE L'OUEST-DE-L'ÎLE
POUR PERSONNES ATTEINTES DE CANCER
WEST ISLAND CANCER WELLNESS CENTRE**

INFORMATION

Organizer's Name		
Name of organization		
Address of organization	Street	
	City	
	Province	Postal Code
E-mail address		
Telephone number		

EVENT INFORMATION

Name of the Event	
Date	
Time	
Location	
Brief description of your event	

EVENT PROMOTION

Will materials (flyers, posters, etc.) be printed?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Will you require WICWC pamphlets/business cards?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If so, please indicate quantity:		
Will you be promoting this event on social media?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

FINANCIAL INFORMATION:

Fundraising goal:	\$	
Is the WICWC the only beneficiary?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If not, please list other beneficiaries:		

Additional information (if required)	
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WE THANK YOU FOR ALL YOUR SUPPORT!