



West Island Cancer Wellness Centre

PROPOSAL

COMMUNITY FUNDRAISER TO BENEFIT THE WEST ISLAND CANCER WELLNESS CENTRE

(Please complete and submit to Maggie Costa: maggie@wicwc.org)

CONTACT INFORMATION:

Name of Organizer: _____

Organization: _____

Address: _____

City

Province

Postal Code

E-mail: _____ Phone: _____

EVENT INFORMATION:

Name of Event : _____

Date: _____ Time: _____

Location: _____

Briefly describe the event and how the funds will be raised:



EVENT PROMOTION:

Will materials (flyers, posters, etc.) be printed? Yes: No:

Will you require WICWC pamphlets/business cards? Yes: No:

If so, please indicate quantity: _____

Will you be promoting the event on social media? Yes: No:

If so, please tag us so we can share the post.

FINANCIAL INFORMATION:

Fundraising goal:

\$ _____

Will the WICWC be the only beneficiary? Yes: No:

If no, please list other beneficiaries:

THANK YOU FOR CHOOSING THE WEST ISLAND CANCER WELLNESS CENTRE!