

**3<sup>rd</sup> PARTY FUNDRAISER - PROPOSAL FORM**  
**TO BENEFIT THE WEST ISLAND CANCER WELLNESS CENTRE**

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

**INFORMATION**

Organizer's Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City Province Postal Code

E-mail: \_\_\_\_\_

Telephone#: \_\_\_\_\_

**EVENT INFORMATION**

Name of Event: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Brief description of the event:

---

---

---

**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 this event on social media? Yes:  No:

**FINANCIAL INFORMATION:**

Fundraising goal:

\$ \_\_\_\_\_

Is the WICWC the only beneficiary? Yes:  No:

If no, please list other beneficiaries:

---

---

---

---

**WE THANK YOU FOR ALL YOUR SUPPORT!**