

## Fundraising Proposal Form

Name:	
Company:	
Address:	
City:	Postal:
Telephone:	Fax:
Email:	
Proposed Event (please describe the event briefly and how funds will be raised):	
Proposed Date of Event:	
Proposed Location of Event:	

Please also fill out both the proposal and budget form and return to:

Fiona Ott, Events Coordinator  
Fax: 905-363-6133  
Peel Children's Aid Foundation  
6860 Century Avenue, West Tower  
Mississauga ON L5N 2W5

## Budget Form

Fundraising Goal: \$ \_\_\_\_\_

Revenue:

Possible Revenue Sources	Amount
Ticket Sales	
Food	
Entry Fee/Team Fee	
Auction	
Raffles	
Other:	
<b>Total:</b>	

Expenses:

Possible Expenses	Amount
Location/Venue:	
Entertainment	
Food	
Decorations	
Permits/Fees	
Prizes/Gifts	
Printing	
Supplies	
Mailings	
Promotional Materials	
Other:	
<b>Total:</b>	

Revenue – Expenses = Net Revenue: \$ \_\_\_\_\_

I \_\_\_\_\_ agree to forward all funds raised to Peel Children’s Aid Foundation within 30 days of my event

I \_\_\_\_\_ agree to send all printed material for my event to Peel Children’s Aid Foundation prior to submission to the media or public

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date