

## THIRD PARTY FUNDRAISING/AWARENESS EVENT REQUEST FORM

*Thank you for your interest in hosting a fundraising/awareness event for the Canadian Mental Health Association, Lambton Kent branch. Please complete the following request form to let us know what you have planned.*

### A. Contact Information

Name of organization planning the event:	
Contact person:	
Mailing Address:	
City/Province/Postal Code:	
Phone:	
Email:	

### B. Event Information

Event Name:	
Type of Event:	<input type="checkbox"/> One-time <input type="checkbox"/> Annual <input type="checkbox"/> Ongoing
Event Date(s):	
Event Time(s):	
Event Location:	
Address of Location:	
Event Email:	
Event Website:	

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### C. Event Details

This could be used on our website to describe your event on our Events Calendar. (Limit to 50 words) Briefly describe the event and how the funds will be raised. For example, through ticket sales, silent auction, donations at the door, etc. Who is your target audience? How many people do you expect your fundraiser to reach?

### D. Fundraising

What is your Fundraising Goal?	\$
List all recipients of proceeds of the event	
How will the proceeds be divided?	
Estimated date of donation to CMHA Lambton Kent	Date:

### E. Sponsors

Please list all sponsors that will be associated with your fundraiser, if any:

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### F. Donor Recognition

Please indicate below, the name that you would like used in any gift recognition. Name of preference:

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### G. Charitable tax receipts

Do you require charitable tax receipts? Charitable tax receipts may be provided upon request by CMHA Lambton Kent for cash donations in adherence to CRA regulations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
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### H. Promotion Plan

Briefly describe the proposed publicity plan for the event/program including any websites, social media, radio, television and newspaper advertising:

- CMHA Lambton Kent's website
- Printing Posters and/or flyers - All materials featuring the name or logo of CMHA Lambton Kent must be pre-approved by CMHA Lambton Kent prior to printing. If you require CMHA Lambton Kent's logo please contact us to obtain the electronic files. Permission to use the logo is not automatically guaranteed and will be confirmed by CMHA Lambton Kent.
- CMHA Lambton Kent's social media accounts
- Other-Please describe:

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### I. Support Materials:

Please indicate if you need any of the following promotional tools. In order for us to fulfill your request for support a minimum of 3 weeks' notice prior to the beginning of your event/campaign is recommended. *Required (Y or N)*

Item	Required (Y or N)
CMHA Lambton Kent general brochure on services and fact sheet	
CMHA Lambton Kent information sheets (variety included; i.e. depression & bipolar disorder, understanding anxiety disorders, getting help, mental health for life)	
CMHA Lambton Kent pop-up banner	
CMHA Lambton Kent Representative (if Yes, please specify a time)	
CMHA Lambton Kent Speaker (if Yes, please specify a time; and 1. Specific mental health concerns and/or; 2. Specific services of CMHA Lambton Kent	

### Third Party Fundraising/Awareness Event Agreement:

By completing and returning this document, I agree that I have read, understood and agreed to abide by the guidelines for third party fundraising/awareness events to benefit CMHA LK.

### On behalf of the organization holding the fundraising event:

<b>Name:</b>	<b>Signature:</b>
<b>Date:</b>	

*Please return this event request form to Angela Kirkland, Fund and Communications Development Coordinator at 210 Lochiel Street, Sarnia, ON. N7T 4C7 or email [akirkland@cmhalambtonkent.ca](mailto:akirkland@cmhalambtonkent.ca)*

For CMHA LK use only	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Not Approved	
Comments:	
Authorized Signature	Date: