



THIRD PARTY FUNDRAISING APPLICATION

General Information:

Sponsoring Individual/Organization: _____

Contact Name: _____

Address: _____ City: _____ Postal Code: _____

Home: _____ Cell: _____ Email: _____

Event Information:

Name of Fundraising Activity/Event: _____

Date: _____ Time: _____ Cost to Participate: _____

Location: _____

Briefly describe the proposed fundraising activity/event: _____

How will the activity/event be promoted: _____

Estimated proceeds from the event: \$ _____ Designated proceeds to CAP _____ %

Will other charitable organizations also benefit from this event/activity? Yes _____ No _____

If yes, please list other beneficiaries and how they will benefit: _____

How Can CAP Help?

The Cancer Assistance Program (CAP) is pleased to support your fundraising initiative in the following ways. Please identify how CAP can be helpful:

- Use of Cancer Assistance Program name and logo with CAP's approval (prior to use)
- CAP marketing and informational materials
- Social media promotion on CAP's Facebook, Twitter and Instagram pages
- Issuing charitable tax receipts according to CRA guidelines (if eligible - see Guide for details)
- CAP representative at the event*

If yes, what is the role of the CAP representative at the event? _____

Time commitment of CAP rep: _____

***NOTE:** Cancer Assistance Program cannot guarantee staff/volunteer presence at all events.

I have read the Cancer Assistance Program Third Party Fundraising Guide and hereby agree to comply with CAP's policies. I understand a breach of the guidelines may result in the end of my partnership with the Cancer Assistance Program.

(Signature of applicant) (Print Name) (Date)

(Signature of CAP rep) (Print Name) (Date)