

Third Party Fundraiser Form



Canada Mental Health Association
Prince Edward Island Division

Please tell us about your fundraising idea:

Please tell us the fundraiser date or timeline: _____

Contact Information

Is this fundraiser being organized by:

- Individual Organization Business

Name _____

Address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Company/Organization _____

Website _____

Please list any partners or sponsors that you have secured or plan to approach:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What is your fundraising goal? _____

Clearly indicate the % or dollar value of net proceeds that you pledge to donate to CMHA-PEI. Examples:

- 100% of proceeds will go to the Canadian Mental Health Association
- \$2 from the sale of every t-shirt will go to the Canadian Mental Health Association

Please list any materials or kinds of support that you are requesting of CMHA-PEI (please refer to p.6 of the Third Party Fundraising Criteria, Guidelines and Responsibilities for examples of CMHA-PEI support for third party fundraisers).

1. _____
2. _____
3. _____
4. _____

I have read, dated and initialed each page of the Third Party Fundraising Criteria, Guidelines and Responsibilities document.

Date

Signature