

Tuam Cancer Care Fundraising Proposal Form

Please fill in as much detail as you can

Contact Details			
Name:			
Email:			
Tel (Mobile)		Tel(Other)	
Group/Individual/company running the event/initiative:			
Address:			
Event/Initiative			
Name of Proposed Fundraiser:			
Briefly outline your proposed fundraiser:			
Date & time:			
Venue:			
Fundraising Goal:			
(An estimate of funds you hope to raise)			
How will the funds be raised?			
Individual sponsorship	<input type="checkbox"/>	Ticket Sales	<input type="checkbox"/>
Business/corporate sponsorship	<input type="checkbox"/>	Sale of Goods	<input type="checkbox"/>
Other (please give details)		Online	<input type="checkbox"/>
		Street Collections**	<input type="checkbox"/>
		Auction	<input type="checkbox"/>
		Raffle*	<input type="checkbox"/>
<small>(*if tickets are to be sold to parties other than your guests please contact your local authority about lottery licence requirements) (**You must apply for a collection permit from the Gardaí before you collect on the street)</small>			
Resources: We have a limited range of our branded resources to support your fundraising. Please tell us what you need and the amounts. Please note: <ul style="list-style-type: none"> It costs a lot to produce our branded items, please be mindful of our costs when ordering quantities, thanks! When your fundraiser is finished please return the collection buckets and any unused t-shirts/balloons. We may not have some/all of these items in stock at the time of your event, so sorry if this is the case. 			
Resource Quantity:	Event Posters		Collection Buckets
	Tickets		Sponsor Cards
			Pop Up
Are there to be any other beneficiaries besides Tuam Cancer Care?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		If Yes what's the % breakdown:	
If you are promoting your event (website/social networking/idonate.ie page etc) let us know the link, so we can promote it on ours!			
Would you like to be kept informed of other events?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Signature of Applicant:	
Print Name:	Date:
Signature of parent/guardian(if applicant is under 18 years of age)	
Print Name	Date:

When this form is completed please return to:

Eimear Keane, Fundraising Officer, Tuam Cancer Care, Cricket Court, Dunmore Rd., Tuam Co. Galway

Email: fundraising@tuamcancercare.ie Tel: 093 28522