



## **Third-Party Fundraising Event or Promotion Application**

### **Contact Information**

Applicant/Organization Name:

Contact Name:

Address:

City/Town:

Province:

Postal Code:

Daytime Phone:

Evening Phone:

Cell:

Fax:

E-mail

### **Event/Promotion Information**

Event Date/Time:

Location:

### **Budget Information**

Projected Revenue:

Projected Expenses:

Projected Net Revenue:

Projected Donation to CMHA Manitoba and Winnipeg (\$ amount or % of proceeds):

Date:

### **Agreement:**

As the potential third-party fundraising event or promotion organizer I have read and understood the attached policy and assure the Canadian Mental Health Association, Manitoba and Winnipeg name will be properly used, funds will be handled and accounted for in a responsible manner, fundraising will be conducted in a method that is consistent with the public image of the Canadian Mental Health Association, Manitoba and Winnipeg and that all those associated with the event or promotion will act in accordance with all municipal, provincial and federal laws. I understand that at any time the Canadian Mental Health Association, Manitoba and Winnipeg can withdraw its permission if it feels its reputation is at risk or any other liability or challenge arises.

Please keep a copy of the policy and completed application for your records. Return the original to:

Attention: Marketing and Fundraising  
Canadian Mental Health Association, Manitoba and Winnipeg  
930 Portage Avenue  
Winnipeg, MB R3G 0P8