



CANCER SUPPORT CENTRE
FOR COUNTY WEXFORD

Fundraising Event

Proposal Form



22 Weafer Street,
Enniscorthy, Co. Wexford



053 9238555



fundraising@hopesupportcentre.ie

www.hopesupportcentre.ie

CHY No: 15556

RCN No: 20054007

PLEASE NOTE:

Completing this Event Proposal Form does not imply authorisation from the Hope Cancer Support Centre to undertake the event on its behalf.

Please print clearly in **BLOCK** letters and tick where appropriate and return to the Administration Office, Hope Cancer Support Centre, 22 Weafer Street, Enniscorthy, Co. Wexford or email to ***fundraising@hopesupportcentre.ie*** at least 30 days prior to your event.

ORGANISER DETAILS:

Contact Name:

(Title) (First Name)

(Surname)

Name of Group/Company planning the event
(if applicable):

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Address:

.....

.....

.....

Telephone Number:

Mobile Number:

Email address:

.....

EVENT DETAILS

Name of proposed event:

Date of event: Time:

Location of event:

Brief description of proposed event:

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How will the funds be raised?

Corporate sponsorship

Individual sponsorship

Ticket sales
(proposed amount per ticket) (€.....)

Street collection

Raffle

Sale of goods

Other (please provide details)

Will the Hope Cancer Support Centre be the beneficiary of all the funds raised?

Yes No

If No, who are the other beneficiary/beneficiaries and how will the funds be divided?

Please give details.

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NOTE: Any event involving collections from the public require An Garda Síochána permit.

Expected attendance if applicable):

RESOURCES REQUIRED FROM THE HOPE CANCER SUPPORT CENTRE:

(Please note that we do our best to provide you with all the items you request, however some items are subject to availability).

ITEM:	QUANTITY:
Sponsorship cards	
Identity Badges <i>(Please supply the names and addresses of all persons requiring these cards)</i>	
T-Shirts Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/>	
Flyers	
Stickers	
A3 size posters	
A4 size posters	
Collection buckets	

DISCLAIMER:

The Hope Cancer Support Centre reserves the right to terminate the agreement relating to the Event at any time if it appears that there is a likelihood of the Fundraiser failing to adhere to any of the Hope Cancer Support Centre's Fundraising Guidelines.

AGREEMENT AND SIGNATURE:

- Yes, I agree to hold my fundraising event in accordance with the Hope Cancer Support Centre's fundraising guidelines and all applicable laws. I agree to act in a professional manner in conducting the fundraising activity and uphold the integrity and values of the charity.

- Yes, I agree that all publicity for the event must be approved by the Hope Cancer Support Centre prior to release/publication.

Signature of Applicant:

.....

PRINT NAME:

.....

If applicant is under 18 years of age

Signature of Parent/Guardian:

.....

PRINT NAME:

.....

Date:

***A huge THANK YOU
for offering to organise an event in
support of the Hope Cancer Support
Centre. We will contact you, once our
Board of Directors have reviewed your
fundraising proposal***

