



COMMUNITY EVENTS PROPOSAL FORM

NOTE: APPLICATION MUST BE APPROVED BY MCCORMICK HOME PRIOR TO PUBLICIZING OR HOLDING THE EVENT

Date: _____

CONTACT INFORMATION

Name of Individual/Company/Group Hosting Event: _____

Name of Individual Responsible: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Cell: _____ Fax: _____

Email: _____

EVENT INFORMATION

Name of Proposed Event: _____

Date(s) of Event: _____ Time(s): _____

Location/Address: _____

Do you have a website? If so, what is the address: _____

Frequency of Event: One Time Annual Ongoing

Target Audience: _____ Number of Attendees: _____

Briefly describe the event and how the funds will be raised (Please add a separate sheet if more room is needed):

Do you have a Cancellation Plan: Yes No

If yes, provide a brief description: _____



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Is McCormick Home Foundation the sole beneficiary of the proceeds: Yes No

If no, please list the other beneficiaries: _____

Projected net proceeds (Please attach a detailed budget): _____

If you are donating a portion of the net proceeds (rather than the full amount) from your event, please specify what percentage or dollar value you will be giving:

% of Proceeds: _____ % or Value of Proceeds: \$_____

Source of fundraising revenue:

- donations/pledges ticket sales merchandise sales
- live/silent auction event sponsorship raffle 50/50 draw bingo

(Please note: If you intend to raise funds through any type of gaming at your event (i.e. raffle or 50/50 draw), a gaming license is required by law. The licensing process can take up to 10 weeks to complete the application. Please contact McCormick Home Foundation for more information.)

How do you plan to promote the event? Please check all media to be used:

- Newspaper Magazine Television Radio
- Posters Flyers Signs Website Facebook
- Other: _____

Will you require a McCormick Home Representative at the event? Yes No

(Please note: McCormick Home may not be able to accommodate all representation requests)

I have read the Community Events Guidelines and policies and agree to follow them as stated.

Signature of Applicant: _____ Date: _____

Print Name: _____ Title if applicable: _____

Please attach supporting documents and mail or fax to:

McCormick Home Foundation
2022 Kains Road
London, ON N6K 0A8
Fax: 519-645-6982

Thank you for choosing to support McCormick Home!

For Foundation Use Only: Date: _____
Acceptance Status: _____
Signature: _____
Comments: _____