



**Big Sisters**  
of BC Lower Mainland

## Community Fundraising Event Proposal Form

If you would like to support Big Sisters BCLM with a Third Party Fundraising Event, please fill out the form below and return to [event@bigsisters.bc.ca](mailto:event@bigsisters.bc.ca) or fax to 604-873-2122

### CONTACT INFORMATION

Name of Person, Group, or Company Planning Event:

Contact Name: Contact Phone:

Contact Address:

Postal Code: Contact Email:

### EVENT INFORMATION

Name of Proposed Event:

Date and Time of Event:

Event Location (Name and Address):

Expected Number of Attendees:

Type of event:  One-time  Ongoing  Annual

Who is your target market?  Family/ Friends  Members  Customers  General Public

What inspired you to hold this event?

Description of Event & How Funds Will Be Raised (ticket sales, raffle, sponsorship, auction, pledges etc.):

Would you like a Big Sisters BCLM representative to attend the event?  Yes  No

If yes, what involvement will they have? Please note this is subject to availability.

Speech  Cheque Presentation  Press Conference  Other:

Additional details:

## FINANCIALS

Fundraising Goal: \$

Projected Gross Revenue (after expenses are deducted): \$

Will all of the net proceeds be donated to BS BCLM? Yes No Other:

Will tax receipts be required? Yes No

## PROMOTION

Would you like to use the Big Sisters BCLM logo on your event promo material?  Yes No

*Please note Big Sisters BCLM must approve any and all name and logo usage, and have final approval prior to printing.*

What kind of promotional materials will be created?

Brochure Poster  Tickets Website Other:

## ACKNOWLEDGMENTS

I acknowledge that Big Sisters BCLM reserves the right to withdraw its name from the event at any time. I acknowledge that I have read and understand the information contained in this Third Party Event Package and will adhere to all of Big Sisters BCLM Fundraising Guidelines.

Applicant Name:

Applicant Signature:

Date:

\_\_\_\_\_  
BS BCLM Staff Name

\_\_\_\_\_  
BS BCLM Staff Signature

\_\_\_\_\_  
Date

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**For Big Sisters BCLM Use Only:**

Approved By (Print): \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_