



**Canadian Mental  
Health Association**  
Cochrane-Timiskaming

**Independent Fundraising Event Proposal Form**

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**A. Contact Information**

Name of organization or individual planning the event	
Contact Person	
Mailing Address	
City, Province and Postal Code	
Phone	
Email	

**B. Event Information**

Event Name	
Event Date(s)	
Event Time(s)	
Event Location	
Address of Location	
Event Website (if applicable)	

**C. Event Details**

Please describe the event and how funds will be raised. This description may be used to promote the event on the CMHA Cochrane-Timiskaming Website, social media platforms and to our employees.

#### D. Promotion Plan

Please outline the propose promotion plan for the event. Check off any promotion requested from CMHA Cochrane-Timiskaming. Please note that any promotion of the event must be approved by CMHA Cochrane-Timiskaming.

Website(s)	<input type="checkbox"/> CMHA Cochrane-Timiskaming Website
	Others:
Social Media	<input type="checkbox"/> CMHA Cochrane-Timiskaming Facebook Page
	<input type="checkbox"/> CMHA Cochrane-Timiskaming Twitter Account
	Others:
Online bulletin board(s) / community calendar(s)	
Radio	
Television	
Newspaper	
Poster campaign	
Other(s)	

#### E. Support Materials and CMHA Representation

Donation / Pledge Sheets	Required	Amount Required
CMHA Cochrane-Timiskaming services brochure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Information Pamphlets on a variety of topics (including mental health for life, myths of mental illness, supporting a loved one, depression, anxiety)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CMHA Banner	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Promotional Materials (pens, stress stars, lanyards, clips and other small token items)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CMHA Representative	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Other (please describe)		

## F. Donation Details

Fundraising Goal	
Expected Number of Donors / Participants	
Charitable Tax Receipts Required? <i>* Please see Independent Fundraising Event Guidelines attached</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Event Sponsors (if applicable)	
Please specify the name that you would like used in any gift recognition	