


Revision 00	PROPOSAL TO FUNDRAISE POLICY			
Policy No. FRC-PO-01		Review 28/02/17	Review 28/02/18	Review 28/02/19
Location: MS Therapy Centre		Review 28/02/20	Review 28/02/21	Review 28/02/22

Proposal to Fundraise

For the MS North West Therapy Centre

If you would like to organise a fundraising event to support the MS North West Therapy Centre, please complete this proposal and return it to the Fundraising Committee, MS North West Therapy Centre, Ballytivnan, Sligo. If you have any further queries, please see our Fundraising Protocols which can be obtained from reception.

Name of person organising the event/activity: _____

Name of organisation (if applicable) _____

Address _____

Phone: _____

Mobile: _____

Email _____

Title of Event _____

Proposed date of event _____ Start & finish time _____

Location of event _____ Number of proposed participants _____

Who are you targeting to attend the event? _____

Please describe the workings of the event in detail (you may submit information on a separate sheet if you need more space)

By what means will you be raising money?

Ticket sales

Raffle

Sponsorship

Other (Please specify) _____

Will you be raising money for any other organisations at the event? Yes NO

If yes, please name the organisation.

Please attach your estimated income and expenditure for the event.

Declaration

I hereby declare that all information provided to the MS North West Therapy Centre in this proposal is true and accurate. I have read the Fundraising Guidelines and agree to abide by all conditions contained within the fundraising protocols. I agree to indemnify MS North West Therapy Centre and its services against any claims for injuries or damages arising out of the event or activity I undertake. I understand that the MS North West Therapy Centre has the right to withdraw my approval to fundraise if I am in breach of any of the Fundraising Guidelines.

On behalf of Fundraiser:

Signed: _____ Position _____

Date _____

On behalf of the MS North West Therapy Centre:

Signed: _____ Position _____

Date _____

Please return to:

MS North West Therapy Centre, Ballytivnan, Sligo