

Community Fundraiser Application Form – Support Our Troops Funds

Complete the application form and fax to 613-996-8402.

Primary Contact Information

Name	
Mailing Address	
City	
Prov/Postal Code	
Telephone	
Fax	
E-mail	

Secondary Contact Information

Name	
Mailing Address	
City	
Prov/Postal Code	
Telephone	
Fax	
E-mail	

Event Information

Name of Event	
Type of Event	
Date and Time of Event	
Location and Address of Event	
City	
Prov/Postal Code	
Target audience	
Estimated attendance	
Description of Event	

Financial Information

How will the funds be raised ? _____

Estimated Gross Revenue: _____

Estimated Event Expenses: _____

Total Estimated Donation _____

Breakdown of Donation by Fund (complete all that apply):

Military Families Fund _____

Soldier On Fund _____

Hospital Comforts Fund _____

Will other charitable organizations be benefiting financially from the event: Yes or No

List other benefiting organizations and anticipated amounts of funds allocated to these groups:

Application Submitted By (please print): _____

Signature: _____

Date: _____

For Internal Use Only	
Date Received	
Reviewed By and Date Reviewed	