



Host A Fundraiser Form

Contact Name _____

Street Address _____

Contact Phone _____

Contact Email _____

Website _____

Name and/or type of proposed fundraising event or promotion: _____

Event Date(s) _____ Event Time(s) _____

Event Location _____

Fundraising Goal _____

Please provide any additional details/information about the event: _____

How much do you estimate will be contributed to CPL? _____

How many people do you expect to attend? _____

What are your marketing plans (invitations, social media, press releases, advertisements, posters, etc.)? _____

What type of representation and assistance, if any, would you request from CPL? _____

Are there any other beneficiaries of this event? If yes, please specify _____

With my signature below, I certify that I have received a copy of CPL's Host a Fundraiser Toolkit and FAQ that I agree to the terms and conditions outlined therein.

Signature _____ Date _____

Print Name _____

Please return your completed Host A Fundraiser Form to:

By mail: Canine Partners for Life Attn: Events Coordinator

PO Box 170 • Cochranville, PA 19330-0170 OR email to: specialevents@k94life.org

OR fax to: 610.869.9785

Thank you for your support of Canine Partners for Life!