

Fundraising Event Form

Thank you for your interest in supporting the Colon Cancer Alliance in our mission to end the suffering caused by colorectal cancer. We appreciate your support and want to help make your event a success. To help us do this, please complete this form. A CCA staff person will contact you within 5 business days. We will be able to provide you with educational materials for your event and promotion of your event on our website calendar.

| Name | |
|---|--|
| Street Address + City + State + Zip Code | |
| E-mail Address | |
| Phone Number (home or cell) | |
| Date/s of Event | |
| Fundraising Event Title | |
| Fundraiser Event | |
| Description | |
| Anticipated # of Attendees | |
| Fundraising Goal | |
| What Do You Need From CCA to Make This a Successful Event | |

Please mail your completed form to:

Colon Cancer Alliance 1025 Vermont Ave. NW Suite 1066 Washington, DC 20005

Phone: (202) 628-0123 Fax: (866) 304-9075 Email: info@ccalliance.org The Colon Cancer Alliance is a 501 (c) 3 non-profit organization. Tax ID #86-0947831.