



FUNDRAISING ACTIVITY PROPOSAL

Proposed by:

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____

E-mail: _____

Activity:

Brief Description: _____

Date(s) chosen: _____

Provisional Budget:

Gross Revenues: _____

Projected Expenses: _____

Net Revenues: _____

Notice:

The organizer or organizers cannot hold Diabetes Quebec responsible for expenses or losses and/or any incident and/or accident connected with the above-mentioned activity. Moreover, the organizer or organizers must have all advertising or promotional materials mentioning the name or carrying the logo of Diabetes Quebec approved by Diabetes Quebec. All use of the name or logo of Diabetes Quebec without prior approval could result in the immediate withdrawal of Diabetes Quebec from the said activity. The organizer or organizers promise to remit the total of all sums collected from the activity to Diabetes Quebec within 60 days following the said event.

Organizer: _____ Date: _____