## **COMMUNITY FUNDRAISER REGISTRATION**

Thank you for choosing to support the Cancer Resource Center of Western Maine. Because we want your efforts to be successful, it is important for us to be aware of community fundraisers that are benefiting the Cancer Resource Center of Western Maine. We will support you in your promotion efforts through our website and social media, and can also provide helpful tips to maximize your fundraising efforts. Please do note that because of staffing limitations, we do not have the capacity to plan or organize your event. Thank you for your understanding.

Please review our Community Fundraising Guidelines document prior to completing this registration form. Please submit this application at least 45 days in advance of your event or promotion.

APPLICANT INFORMATION					
Name:					
EMAIL:			Phone:		
Address:					
City:	State:		ZIP Code:		
COMMUNITY FUNDRAISER INFORMATION					
Name of the Individual/Team/Compan	y/Organization hosting the event:				
Event Name:					
Event Description: (as you would like it to appear on the Cancer Resource Center Website)					
Event Location: (address or website)					
Start Date:	End Date:	Start Time:		End Time:	
Will you be soliciting cash or in-kind donations from a business for the event?			Yes		No
If yes, please list items and donors:					
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PROPOSED BUDGET					
While we understand you may not know how much money your Community Fundraiser will raise, we include a proposed budget to help you plan for expenses pertaining to venue, fee, promotion, materials, etc. We hope this will help you accurately plan and manage expectations for a successful event.					
A. Total expected income (don	·	п петр уой ассигатегу ры	an and manage (	expectation	is for a successful event.
B. Expenses (costs such as adv					
C. Anticipated net proceeds (A					
	ge or specific dollar amount) if only a po	rtion of proceeds will be	donated to the	Cancer Res	ource Center.
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I acknowledge, by signing my name below, that I have read and understand the Community Fundraising					
Guidelines. I also understand that the Cancer Resource Center of Western Maine and their affiliates take no					
	es conducted by a Community	/ Fundraiser bene	fiting the Ca	incer Re	esource Center of
Western Maine.					
Signature:			Date:		

Please send completed form to: Cancer Resource Center of Western Maine, PO Box 263, Norway, ME 04268 Questions? Contact Barbara Deschenes, Board Chair at <a href="mailto:barbara.deschenes@gmail.com">barbara.deschenes@gmail.com</a> or 207-739-9612

Thank you for ensuring no one is alone in their cancer journey. We wish you the best of luck in your efforts! As soon as we are able, we will contact you regarding your Community Fundraiser registration.