## Community Fundraiser Proposal

Thank you for your interest in supporting The University of Vermont Cancer Center! Your support fuels cancer research and improves the lives of patients and families affected by cancer. Please take a moment to summarize your proposed fundraising event by providing the following information to help us recognize your support and the support of our community.

to help us recognize your su Event Name:	ipport and the support of our comm	nunity.
Event Location:	Event Date:	Event Time:
Number of Participants/Gues	its expected:	
Briefly describe the event an	d how funds will be raised:	
Financial Goal: \$		
Donations to the UVM Cance	er Center will be put to work advanc	cing timely and impactful cancer
research efforts through our	UVM Cancer Center Research and	d Education Fund. If you have an
alternate designation for you	r donation, please indicate that her	e:
Name of Your Organization/O	Group:	
Event Coordinator Name(s):	Ema	ail:
Phone:	Mailing Address:	
Are you planning to hold this	event annually?	
Has this event been held in the benefitted in the past?	he past to benefit another organiza	ition? If so, which organization was
Will the UVM Cancer Center	be the sole beneficiary? If not, wha	at other causes will be supported?
and/or social media.	t be considered for promotion or ing option for my event.	n the UVM Cancer Center website
After completing this form, pl	lease acknowledge the following ar	nd send as indicated below:
I have read and agree	to the UVM Cancer Center's Thir	d Party Event Guidelines.
Name:	Organ	nization:
Signature:	Date:	
Please add me to you	ır mailing list.	

## Return to:

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