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## FUNDRAISING EVENT PROPOSAL FORM

Name of organization or individual holding event: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of event:

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Date of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Please let us know how we can support this fundraiser: (e.g. printed material, social media)

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**IMPORTANT NOTE:** The Canadian Society for Mucopolysaccharide and Related Diseases Inc. (The Canadian MPS Society) is a registered not-for-profit organization (Registered charity # 12903 0409 RR0001). ALL proceeds from an event advertised as a fundraising event for the Canadian MPS Society MUST be forwarded to the Society within 30 days of the event. Thank you for your support.