Contact Information					
Primary contact person Organization (if applica Mailing Address:	able):				
City:	Prov:	Po	ostal Code:		
Email:					
Phone:	none: Phone:				
Event Details					
Name of Event:					
Date/s:	Locatio	on:			
Describe the event:					
What kind of event is th	is?One-	-time _	Annual _	Ongoing	
How will funds be raised	ሃ? (i.e. ticket so	ales, don	ations, auctior	n, etc.)	
Are there any other org	onizations rea		roceeds from t	this event?	
If so, please list:					
Briefly describe the mar	keting plan fo	or the eve	ent:	<del></del>	
I request the use of the	Compassion	House Lo	ogo:Yes	No	

Inspiration				
·		this event in support of Compassion		
Financial Information	on			
Estimated Inco	me: \$ <u>.</u>	<del></del> _		
Estimated Expe	enses:	\$		
Estimated Don	ation:	\$		
I agree to submit do	onatio	n within 4 weeks of the event date		
Additional Notes:				
		·····		
		·····		
Registration				
		<b>D</b> .		
Printed name: Date:				
Signature:				
	اء علماء	a a aliantia a farmata.		
Please submit your com	•			
		events@compassionhouse.org		
	or			
r	nail:	Compassion House Foundation		
		10909 76 Ave, Edmonton, AB, T6G 0J6		

Thank you for supporting Compassion House Foundation! Your dedication, passion, and generosity is greatly appreciated.