



## CMST Third Party Event Proposal Form

Thank you for your interest in planning a fundraising event in support of Community Music Schools of Toronto. Please complete and send this form at least 30 days prior to your event.

### CONTACT INFORMATION:

Name of organizer (s) : \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

### FUNDRAISING ACTIVITY INFORMATION:

Event/Activity Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Estimate # of attendees: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you like a CMST representative to attend the event?  Yes  No

If yes, what involvement will they have?

Speech  Cheque Presentation  Other: \_\_\_\_\_

*\*Please note this is subject to availability*

Would you like to use the CMST logo on your event promotional material?  Yes  No

*\*If yes, it will be emailed to you at the above email address upon event approval.*

**FUNDRAISING GOALS:**

Fundraising Goal (\$): \_\_\_\_\_

Briefly describe how funds will be raised (ticket sales, donations, auction, sponsors):

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Briefly describe how you will promote your activity (in your workplace, neighbourhood, social media, etc.):

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Any other information to share?:

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**ACKNOWLEDGMENT:**

I acknowledge that Community Music Schools of Toronto reserves the right to withdraw its name from the event at any time. I acknowledge that I have read and understand the information contained in the Community Music Schools of Toronto Third Party Fundraising Toolkit and will adhere to CMST's Third Party Event fundraising guidelines.

_____	_____	_____
Organizer Name	Organizer Signature	Date

_____	_____	_____
CMST Staff Name	CMST Staff Signature	Date

Please submit your form to Leona Thomas, Fundraising and Donor Engagement Coordinator by email at [leona@communitymusic.org](mailto:leona@communitymusic.org). Please contact Leona if you have any questions by email or phone at 416.364.8900 x 33. Thank you from all your friends at CMST!