



Fundraising Proposal

Before you start organizing your fundraising event, complete and return this form. We will send you a letter of approval to confirm receipt and to proceed.

Fundraiser/Event Coordinator:		
Title:	First Name:	Last Name:
Company/Organization Name:		
Full Address:		
Email:	Contact Number:	
Website (If applicable):		
Position:		
What has inspired you to raise funds for OMF?		
How did you hear about OMF?		
Fundraising/Event Details		
Title of Fundraising Event:		
Proposed Date:	Proposed Time:	
Address/Venue of fundraising event:		
Estimated number attending:		
How much do you hope to raise?		
How do you intend to promote your fundraiser/event?		



Ontario Medical Foundation

Physicians. Students. Community.

Tell us briefly about your fundraising event (plan, how funds will be raised, etc.)

Disclaimer:

Ontario Medical Foundation reserves the right to not approve or withdraw its approval for a fundraising event at any time if it appears that there is a likelihood of the event organizer failing to adhere to any of the terms and conditions set out.

In the event that this does occur, written notification will be provided by the Foundation.

If you have any questions or would like further information, please contact the OMF at omf@oma.org

Thank you for supporting the Ontario Medical Foundation.

Ontario Medical Foundation

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