



**FINANCIAL OBJECTIVE OF FUNDRAISER: \$** \_\_\_\_\_

**DURATION OF FUNDRAISING INITIATIVE:** \_\_\_\_\_

**I/We hereby certify that I/We have read the Fundraising Policy and I/We agree to be bound by its conditions**

**Signed for and on behalf of fundraising committee:**

**Signature:** \_\_\_\_\_

**CMHA USE ONLY**

**CMHA Received: Date** \_\_\_\_\_

**Does Fundraising Committee/activity or event satisfy Policy guidelines?**

**Yes** \_\_\_\_\_

**NO** \_\_\_\_\_

**Application Approved:**

**Yes** \_\_\_\_\_

**NO** \_\_\_\_\_

**CMHA President: Signature** \_\_\_\_\_ **Date** \_\_\_\_\_