

Bide Awhile Animal Shelter
**Third Party Fundraiser Application**

Organization Name:

Address:

Phone Number:
Fax Number:

Email Address:

Contact Person:

Event Title:

1. Brief Description of Event:
2. Date Proposed: , Alternate Date(s):
3. Has this event occurred before?

If yes, what revenue did it generate and for what charity?

1. What revenue do you expect to generate for Bide Awhile?
2. Will all of the funds raised support Bide Awhile, or will you support other charities through the same event?
3. What assistance, if any, do you need from Bide Awhile?

Volunteers
Display
Social Media Support/Promotion
Sales
Financial Help
Attendance
Use of Logo or Name
Other

If assistance is required, please describe:

1. Does your organization or contact person have any previous connection to Bide Awhile?
2. If your organization a registered charity?:

1. What is your organization’s primary purpose?
2. Does your organization have adequate insurance for this event?

1. Is there any other information we should know about this event?

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit completed application to:

Bide Awhile Animal Shelter Society
P.O. Box 50029, RPO Southdale
Dartmouth, Nova Scotia B2Y 4S2

or by email to : bideawhile@bideawhile.org