

Stop the hurt. Begin the healing.

Please complete and return this form to CAN at least five weeks prior to proposed event.

Date Form Completed: _____

Event Name: _____

Event Date(s): _____

Event Description: _____

Desired Event Location: _____

Describe how CAN's logo and information will be displayed, used and/or advertised:

What are the expectations of CAN and its staff: _____

What is your fundraising goal for this event? \$ _____

What amount do you anticipate donating to CAN? \$ _____

Contact Name: _____

Address: _____

Phone Number: _____

Alternate Phone: _____

E-mail: _____

Fax: _____

Please return this form to: CAN Development Department
2829 S. Sheridan Rd., Tulsa, OK 74129
(918) 619-4501 or (918) 619-4583
sbonner@childabusenetwork.org

FOR OFFICE USE ONLY

Recommendation: _____
Date Organization Notified: _____

Date Received: _____