**Volunteer Fundraising Event Application**

Your Information

Name:

Organization (if applicable):

Type of Organization (if applicable):

Address:

City:

Province/State:

Country:

Postal Code/Zip Code:

Phone:

Email:

Event Information

Type of Event:

Have you hosted this event before? Yes [ ]  No [ ]

Date of Event:

Location of Event:

Event Description:

Thank you for supporting Save the Mothers through Volunteer Fundraising. We are looking forward to hearing about your event. Please submit this form to director@savethemothers.org

Please note that by submitting this application you are agreeing to the code of conduct set out by Save the Mothers.