



Event Proposal Form

Thank you for your interest in supporting Cancer CAREpoint. Please complete this form and return to us so that we can support you in your fundraising efforts.

Date: ____/____/____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Organization or Group Name: _____

How did you hear about Cancer CAREpoint or what is your connection? _____

Event Name: _____

Date and Time: _____

Address: _____

Event Details: _____

Fundraising Goal: \$_____

Please email your completed form to Ariane Chapple, Development Manager, ariane@cancercarepoint.org, or mail it to Cancer CAREpoint, 2505 Samaritan Dr., Suite 402, San Jose, CA 95124. Phone: 408.402.6285.