

Activity Proposal for the VITAE Foundation

First Name: _____

Family Name: _____

Telephone: _____

Fundraising activity proposal: _____

Please describe how you think this event will benefit the Foundation: _____

Person to contact for the activity (if known):

_____ Telephone: _____

Do you want the Foundation to contact you if your activity proposal is accepted?

Yes No

Do you agree to allow the activity to be advertised in any way if your activity proposal is accepted?

Yes No

Please send your form to the VITAE Foundation.

By mail :

VITAE Foundation
375, Argyll
Sherbrooke QC
J1J 3H5

By Fax :

819 829-7144

