



## WOODLAND CULTURAL CENTRE

184 MOHAWK STREET, P.O. BOX 1506, BRANTFORD, ON CANADA N3T 5V6



**WELCOME!**

Thank you for initiating this event on behalf of our *Save The Evidence* Fundraising Campaign! Every dollar you raise brings us one step closer to realizing our fundraising goal to repair and restore the former Mohawk Institute Residential School building as a physical reminder of the tragedy that the residential school system had on thousands of Indigenous children.

The following package contains a Fundraiser Registration Form as well as Terms and Conditions outlining important information about holding a fundraiser to benefit the *Save The Evidence* Fundraising Campaign. We ask that you kindly complete the form and submit back to us so we can recognize your event properly, and provide you with the following:

- Advice and expertise on event planning
- A Letter of Support that validates the authenticity of the fundraiser
- Support materials (e.g. pull-up banner, brochures, etc)
- Woodland Cultural Centre logo (for promotional materials)
- A Woodland Cultural Centre representative to attend fundraiser or cheque presentation (subject to availability)
- Tax receipts (if applicable)
- Promotion of event on Woodland Cultural Centre's social media and website

Thank you again, and contact us at any time for assistance or questions!

### **Jessica Powless**

*Outreach Coordinator*  
Woodland Cultural Centre

**P:** 519-759-2650 **E:** [jpowless@woodland-centre.on.ca](mailto:jpowless@woodland-centre.on.ca)

### **Save The Evidence Independent Fundraising Event REGISTRATION FORM**

*Note: If you are under the age of 18, please have a parent or guardian complete and sign this form. The information collected on this form will be kept confidential and secure by the Woodland Cultural Centre.*

#### **Contact Information**

Are you organizing this fundraiser as:  An Individual  
 A School or Business: \_\_\_\_\_

Organizer Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

PHONE: 519-759-2650 • TOLL FREE: 866-412-2202 • MAIN FAX: 519-759-8912 • MUSEUM FAX: 519-759-2445

[www.woodland-centre.on.ca](http://www.woodland-centre.on.ca)



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City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## Secondary Contact Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Your Event

Fundraiser Name: \_\_\_\_\_

Fundraiser Date: \_\_\_\_\_

Venue & Location: \_\_\_\_\_

Event Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# of Attendees: \_\_\_\_\_ Revenue Goal: \_\_\_\_\_

Will You Be Approaching Sponsors? YES NO

How Will You Be Raising Funds? TICKETS/FEES PLEDGES SILENT AUCTION OTHER: \_\_\_\_\_

Do You Require Support Materials? YES NO (E.G. Pull-Up Banners, Brochures, etc)

How Did You Hear About *Save The Evidence*? \_\_\_\_\_

**By submitting this registration form with my name and/or signature I have read, understand and agree to the attached Terms and Conditions.**

Organizer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank You For Your Support!**

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