|  |  |
| --- | --- |
| **Items** | **Details** |
| Contact Person in charge of the fundraising campaign/ event. |  |
| Contact Details(I.e. mobile phone, email address, position, mailing address etc). |  |
| If you represent an organisation, please include the name of your Company/College. |  |
| Duration of your event/campaign. |  |
| Are you working in partnership with any other organisation(s)? If yes, please name them. |  |
| Proposed venue of your event. |  |
| Are you looking for media involvement? |  |
| Are you fundraising for a specific project/country? |  |
| Assistance that you looking for from Malaysian AIDS Foundation. |  |

**MALAYSIAN AIDS FOUNDATION**

**FUNDRAISING PROPOSAL FORM**

Thank you for your interest to fundraise for Malaysian AIDS Foundation. Please complete the form below:

Please attached your event proposal together with this form and email it to us at contactus@mac.org.my.