CHW SIMCHAS

Celebrate with Purpose!



Celebration Type:

☐ Bar/Bat Mitzvah	□Birthday	□Anniversary	☐ Other (Please Specify
Name of person/ pe	ople celebrating: _		
Main contact name	(if different than ab	oove):	
Contact email:			
Contact phone num	ber:		
I would like the mor	ney raised to go tow	vards:	
□Education	□Healthcare	☐ Social Services	☐Where it is needed most
Is there a certain an	nount that you are I	noping to raise? □Ye	s □No
If so, how much wo	uld you like to raise	?	
Web Page Message raise money for CH\	•	rt message about wh	y you would like to

Photo: Please submit a photo of the person/ people that we are celebrating in a .JPG format. Please note that the photo will need to be 300x 400 pixels, and the maximum file size can be 4MB. The CHW Head Office can crop your photo to the correct dimensions if necessary.

Please submit your completed form and image to:

Jennifer Ierullo, Director, Donor Relations and Volunteer Engagement & Outreach

at jennifer@chw.ca.

Please submit your request at least **6 weeks** in advance of your notice/invitations.