

CAMPAIGN NAME:.....

CAMPAIGN DURATION: (no of days/weeks/months)



OVERVIEW

Briefly explain about your campaign. (add human touch story line in your pitching)

FUND NEEDED

State how much fund you need to reach your campaign goals. Please provide funds breakdown (remember, you need to convince the public to donate for your cause)

JUSTIFICATIONS

Kindly list down the details on how you intend to use the money donated by the public.

*If you have receipt, please attach

*Please attach relevant photos

CONTACT INFORMATION

Full Name:

IC Number:

Address:

Phone Number:

Email:

Bank Account Number:



Kindly follow the above guideline to make it easier for us to approve your campaigns. Lacking of justifications may cause delay in the approval of your campaign.

Should there be any inquiries, feel free to call us at **013.231.1038** (Azhari) or email us at info@fundtogive.com