

## **Application for Proclamation**

**Administration Services** 

| Organization Name:<br>Miranda's Miracles Fund                                  |   |
|--|---|
| Contact Name:<br>Patti Bauer   |   |
| Address:   |   |
| City:  | Postal Code:  |
| Phone:   | Email Address:  |
| Proclamation Requested: To proclaim September as Childhood Cancer Awareness Mo | onth  |
| Date(s) of Proclamation: The Month of Septembe                                 |   |
| Purpose of Proclamation:   |   |
| To bring awareness to Childhood Cancer.  | o are dealing with cancer and who have survived cancer.             |
|  | are dealing with cancer and who have survived cancer.               |
|  |   |
|  |   |
|  |   |
| Description of Organization  |   |
|  | nal information may be attached to this form)                       |
| We are the family of Miranda Bauer and we lost our                             | daughter/sister to childhood cancer at the age of 17 years.         |
| We now raise awareness and funds for childho                                   | od cancer research and awareness.                                   |
| Our family and friends have raised almost \$200,000                            | .00 for childhood cancer research at Sick Kids in Toronto           |
| in memory of Miranda.  |   |
|  |   |
|  | <del></del>   |
| <br>  Has the same or a similar proclamation bea                               | en requested □ Yes ■ No   |
| •  | ·   |
| of the Town of Pelham Council in past year                                     | 5!  |
|  | or proclamation in order to receive an official signed proclamation |
| from the Mayor.  |   |
| Personal information on this form is collect                                   | ted pursuant to the Municipal Freedom of Information and            |
|  | for the purpose of processing your request. Question about this     |
| •  | Clerk, 20 Pelham Town Square, P.O. Box 400, Fonthill, ON, LOS       |
| 1E0, 905-892-2607 Ext. 315.  | cierk, 201 ciliam fown Square, 1.0. box 400, Fontilli, Oly, 203     |
| 1E0, 903-092-2007 Ext. 313.  |   |
| Please complete and submit your complete                                       | ed form at least two weeks in advance of the occasion.              |
| Patti Bauer  | July 17 2024  |
| Signature  | Date  |