

Independent Fundraising Event Proposal Form

A. Contact Information

Name of organization planning the event: _____

Contact person: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone (Business): _____ Home/Cell Phone: _____

Email: _____

B. Event Information

Event Name: _____

Type of Event: ☐ One-time ☐ Annual ☐ Ongoing

Event Date(s): _____

Event Time(s): _____

Event Location: _____

Address of Location: _____

Event Email: _____

Event Website: _____

** Please note that your email address will be published on our Website under Calendar of Events.

C. Event Details - This could be used on our website to describe your event on our Events Calendar. (Limit to 50 words)

Briefly describe the event and how the funds will be raised. For example, through ticket sales, silent auction, donations at the door, etc.

D. Promotion Plan

Briefly describe the proposed publicity plan for the event/program including any websites, social media, radio, television and newspaper advertising:

- ☐ CHF website's Event Calendar
- ☐ Online Fundraising Page - You can customize your own fundraising page with a photo and a special message to solicit online donations in support of your fundraising initiative. Go to childhealth.akaraisin.com/personalpages to start the creation of your own fundraising page.
- ☐ Printing Posters and/or flyers - All materials featuring the name or logo of CHF must be pre-approved by CHF prior to printing. If you require CHF's logo please contact us to obtain the electronic files. Permission to use the logo is not automatically guaranteed and will be confirmed by CHF.

☐ Other:

E. Proposed Budget Expense and Revenue

Revenue - Projected Gross Revenue	A \$
Expenses	
Venue Rental	B \$
Food & Beverages	B \$
Printing (tickets, posters, signage, etc.)	B \$
Advertising	B \$
Prizes	B \$
Other (please specify)	B \$
	B \$
	B \$
Total Expenses (add all B amounts)	C \$
Net Revenue (A amount – C amount)	\$

Projected donation to CHF: \$

Date Contribution is expected at CHF:

F. Support Materials:

Please indicate if you need any of the following promotional tools. We ask that you help keep costs inline by ordering what you anticipate you will use. In order for us to fulfill your request for support a minimum of 3 weeks notice prior to the beginning of your event/campaign is recommended.

	<i>Required (Y or N)</i>	<i>Amount Requested</i>
Posters		
Balloons		
Table Banner (# of feet)		
Stickers – “I Support Children’s”		
Temporary Tattoos		
Children’s Miracle Network Paper Balloons		
Donation/Pledge Sheets		
Fact Sheet about Children’s Health Foundation		
Promotional DVD (for borrowing)		
Children’s Health Foundation Representative (If Yes, please specify a time) *		
Dr. Beary Goode Appearance (If Yes, please specify a time)		

* We receive many requests of this nature, and as a result, cannot always guarantee our availability. However, every effort will be made to meet your requirements.

G. Donor Recognition

Please indicate below, the name that you would like used in any gift recognition.

Name of preference: _____



Independent Fundraising Event Guidelines

Children's Health Foundation is responsible for all fundraising and awareness raising events on behalf of Children's Hospital at London Health Sciences Centre, Children's Health Research Institute, and Thames Valley Children's Centre.

- Ⓢ Children's Health Foundation (CHF) name and logo, and the Children's Miracle Network (CMN) name and logo are registered trademarks and permission must be obtained before they are used.

CHILDREN'S HOSPITAL, CHRI, CMN, CHF or TVCC may not be used in the *title* or *name* of the event. For example, the event name "Children's Hospital Car Wash" cannot be used. The correct event name would be "Car Wash in support of Children's Hospital".

When permission is given by CHF to use these logos and/or names in conjunction with any fundraising event, all promotional or fundraising materials (including ad proofs, broadcast copy and specialty items) **must also be approved by CHF prior to production and distribution.**

- Ⓢ The part of the event that will raise money for CHF needs to be clearly stated on the promotional material. For example:
 - **"All proceeds go to Children's Hospital at London Health Sciences Centre" OR**
 - **"A portion (for example 50%) of the ticket price will be donated to the Thames Valley Children's Centre"**
- Ⓢ The volunteer event organizer agrees to handle all monetary transactions and present the proceeds to CHF within 30 days of the event.
- Ⓢ CHILDREN'S HOSPITAL, CHRI, TVCC and CHF are not responsible for any financial losses incurred in the event. CHILDREN'S HOSPITAL, CHRI, TVCC and CHF will not be held liable for any damage, risk, injury, or otherwise with this event.
- Ⓢ Charitable donation receipts will only be issued in accordance with the Canada Revenue Agency guidelines. The final decision to issue official donation receipts rests with CHF. **Not all funds raised qualify for tax receipts. Please clarify details of your event and the receipts you would like to offer with CHF prior to your event.**
- Ⓢ The volunteer event organizer will obtain all permits and insurance.
- Ⓢ All Expenses are paid for by the event organizer and not covered by CHF.
- Ⓢ CHF Representative at your event cannot be guaranteed. Please call CHF to organize at least 3 weeks before the event.
- Ⓢ CHF reserves the right to withdraw the use of its name at any time and will not assume any costs that may be involved in doing so.

- Ⓢ CHF is not responsible for any damage or accidents to person or property.
- Ⓢ Donor recognition for the fundraising event will be provided in accordance with CHF procedures.
- Ⓢ CHF does not conduct door-to-door fundraising or support independent fundraisers door-to-door fundraising or sales efforts.
- Ⓢ CHF is committed to protecting the privacy of personal information about its volunteers, donors and other supporters. During the course of running your event, personal information (such as addresses and phone numbers) from donors may be acquired. This information is to be kept confidential at all times, and only given to a CHF staff person.

CHF is compliant with the Personal Information Protection and Electronic Documents Act (Canada). CHF will not use acquired personal information for any purposes other than those related to the event unless prior consent has been obtained. If you have any questions or concerns please contact the Foundation office at 519-432-8564.

Independent Fundraising Event Agreement

Based on the information provided in the Independent Fundraising Event Proposal Form & Guidelines, the undersigned agree to the following:

- Event Information and Event Details
- Logo/promotion clause
- Tax receipt clause
- Donor recognition outline
- Privacy Policy

On behalf of the organization holding the fundraising event

Signed: _____
(Applicant)

Date: _____