



## Community Fundraiser Proposal Form

To register your community fundraiser to benefit Hospice Waterloo Region, please complete this form and submit it to the Fund Development Office.

Group/Individual Planning Fundraiser: \_\_\_\_\_

Name of Person Responsible for the Fundraiser: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please select a category that best describes your group/organization:

- Business     
  School     
  Community     
  Service Club     
  Other
- 

**About the Event**

- Open to the public     
  By invitation only

Name of Event: \_\_\_\_\_

*(Attach any additional details you feel would help describe your event)*

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Target Market: \_\_\_\_\_

(i.e., group members, general public, family)

Estimated Number of Participants: \_\_\_\_\_

Is this event:     One Time       Annual       Ongoing

Has this event taken place before?     Yes       No      If so, when? \_\_\_\_\_

Will any other charity receive proceeds from the event?     Yes       No

If yes, who and how are the proceeds to be divided?

Do you have a Promotions Plan? If so, please outline.

(This includes the use of newspaper, radio, posters, flyers, etc. Please attach any samples to the application.)

What form of support are you looking to receive from Hospice Waterloo Region?

(Attach additional details to the request if required)

- Communications & Promotions    
 Representation at Event    
 Information and Materials    
 Charitable Tax Receipts
-

How and where will you use Hospice Waterloo Region's name and logo?

(All publicity for the event must be approved by Hospice of Waterloo Region prior to being printed/released)

What is your Cancellation Plan?

### **Event Budget**

**Please attach a copy of your proposed budget which lists expenses and revenues.**

*All expenses are to come out of the proceeds or to be paid directly by the event organizer(s).*

How will you be generating income for your event?

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Ticket Sales/Entry Fees | <input type="checkbox"/> Raffle Draws | <input type="checkbox"/> Live/Silent Auction |
| <input type="checkbox"/> Cash Donations          | <input type="checkbox"/> Sponsorships | <input type="checkbox"/> Pledges             |
| <input type="checkbox"/> Merchandise Sales       | <input type="checkbox"/> Other        |  |

Anticipated event revenue: \$ \_\_\_\_\_

### **Event Agreement**

*By naming Hospice Waterloo Region as the beneficiary of a community fundraiser, I/we are required to donate the full amount (or partial amount as approved by Hospice Waterloo Region) raised on Hospice Waterloo Region's behalf. By signing below, I/we agree that Hospice Waterloo Region will receive the proceeds from the event within 30 days following the event, and that I/we have read, understood, and agree to adhere to the Hospice Waterloo Region Community Fundraiser Guidelines.*

**Signature of Applicant(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form and attachments by:**

**Mail:** Hospice Waterloo Region, Fund Development Office, 100 Solstice Way, Waterloo, ON N2K 0G3

**Fax:** 519-743-7021

**E-mail:** [melissa@hospicewaterloo.ca](mailto:melissa@hospicewaterloo.ca)

For questions concerning Hospice Waterloo Region's Community Fundraiser Guidelines or Community Fundraiser Proposal Form, please contact the Fund Development Office at (519)743-4114 .

**Thank You for Helping to Create a Community of Caring.**

**For Office Use:**

**Date Application Received** \_\_\_\_\_ **Date Acknowledgment Sent** \_\_\_\_\_

**Approved/Declined By** \_\_\_\_\_ **Date Approved/Declined** \_\_\_\_\_