

Community Event Proposal

CONTACT INFORMATION

Name of Group/Individual Planning the Event _____

Name of Community Event Organizer _____

Contact Address _____

City _____ Province _____ Postal Code _____

Contact Phone Number (Business/Home/Cell) _____

Contact E-mail _____

Please sign me up for the JBHF E-News which includes promotion of upcoming events, bi-monthly newsletters and other JBHF updates.

EVENT INFORMATION

Proposed Event Name _____

Proposed Event Date _____ Time _____

Proposed Event Location/Address _____

Briefly Describe Proposed Event and Fundraising Activities

Facebook _____

Twitter _____

Instagram _____

Unless otherwise specified, funds raised from the Event will be directed to Joseph Brant Hospital's Critical Needs. **If you wish to support another fundraising priority, please specify:** _____

All designated gifts are subject to the Foundation's Designated Gift Allocation Policy, where fifteen percent of all designated gifts will be allocated to the My Hospital Fund. This fund is used to support urgent and non-funded capital and clinical priorities of the hospital and when necessary, may be applied against costs to secure, administer, and receipt donations, as well as recognize and steward donors.

Please list other charitable organizations that will also benefit from this Event

(if applicable) _____

EVENT BUDGET – Please complete or attach a proposed budget

Estimated Expenses

Estimated Revenue

Location \$ _____

Cost per person \$ _____

Printing \$ _____

People Expected _____

Prizes \$ _____

Sponsorship \$ _____

Food/Beverage \$ _____

Other (eg. Raffles/Draws) \$ _____

Advertising \$ _____

Other (Specify) \$ _____

Other (Specify) \$ _____

Total estimated expenses \$ _____

Estimated total revenue \$ _____

Estimated Donation to Hospital \$ _____

JOSEPH BRANT HOSPITAL FOUNDATION (JBHF) SUPPORT

Would you like a representative of the JBHF to speak at the Event?

YES ____ NO ____ (We will try our best to accommodate your request.)

Do you require written acknowledgement of the fundraising event from the Foundation to seek prizing? YES ____ NO ____

The Foundation offers the following supports. Please indicate which, if any, you'd be interested in.

Printed background material relating to Joseph Brant Hospital or the Joseph Brant Hospital Foundation

High resolution Joseph Brant Hospital Foundation logo

Large cheque for cheque presentation

Banners

We Joined the J Lawn Signs

Join the J window decals

COMMUNITY EVENT TERMS AND CONDITIONS

1. Tax receipts will be issued according to Canada Revenue Agency guidelines. The Community Event Organizer shall confirm its understanding of these guidelines through consultation with JBHF staff prior to offering tax receipts for any portion of the Event.
2. Full tax receipt information must be submitted to JBHF within 4 weeks of event date, along with corresponding revenue. A tax receipt information template can be provided by JBHF if required.

I have reviewed and agree to the the full terms and conditions provided by JBHF.

COMMUNITY EVENT ORGANIZER

Signature _____

Name _____

Date _____

I have the authority to bind the Corporation.

JOSEPH BRANT HOSPITAL FOUNDATION

Signature _____

Name _____

Date _____

I have the authority to bind the Corporation.

**Please return completed form to:
Joseph Brant Hospital Foundation
1245 Lakeshore Road
Burlington, ON L7S 0A2**

Nicole Boncheff
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Special Events
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Tannis Wengel
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**** Agreement is not valid until signed by both the Joseph Brant Hospital Foundation and the sponsoring organization ****