



Community Event Proposal Form

CONTACT INFORMATION

Name of main contact person: _____

Name of organization planning event: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

E-mail: _____

Phone Numbers: Home: _____ Work: _____

How did you hear about fundraising for UHKF? _____

EVENT INFORMATION

Name of event: _____

Date of event: _____ Time of Event: _____

Location of event: _____

Please give a brief description of the nature of the event and how the funds will be raised: _____

What is your fundraising goal? _____

Will this be a multi-year event to benefit the UHKF? Yes _____ No _____

Please indicate if there are any other charities receiving funds from this event?: No _____ Yes _____

If yes, please indicate charity: _____

Where would you like your funds designated? _____

In accordance with Foundation policies and procedures, a portion of the Gift will be allocated to the Foundation's unrestricted fund.

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Will charitable gift tax receipts be required? _____ Yes _____ No _____

For UHKF to process required receipts, please provide pledge forms with complete donor name and address information and attach the forms with your cheque once the event is completed. A receipt for income tax purposes will be issued for donations \$20.00 or more.

The Foundation is committed to ensuring that the gift is used for its intended purpose. If, in the opinion of the Foundation, it becomes impossible, inadvisable or impracticable for all or part of the gift to be applied to its designated purpose(s), or if the purpose(s) cannot be achieved because of a future change in law, change in Foundation or related hospitals' practices, policies or priorities, or unforeseeable circumstances, the gift may be used for any related purpose which in the reasonable opinion of the Foundation will most nearly accomplish the Donor's wishes or is consonant with the spirit and intent of the purpose(s) of the gift. The Foundation shall consult with the Donor, where possible, prior to making such changes.

FOUNDATION'S ROLE IN YOUR EVENT

- Letter of endorsement to validate your event and help you secure prizes and donations
- Foundation logo on promotional materials (approval must be received before going to print)
- Event details listed on www.uhkf.ca (i.e. event description, contact information)
- Advertise your event on Facebook and Twitter
- Utilize the online fundraising web page
- Release your name and contact info to the media if asked about your event

Please indicate if you require UHKF promotional materials for this event:

- Banners: _____ Pamphlets: _____
- Hospital representative to speak at your event
- Cheque presentation Date: _____ Time: _____ Location: _____

Other _____

In view of its limited staff and volunteer resources relative to the number of fundraising events in a typical year, participation by Foundation staff and volunteers should be minimal and should not be a critical element in the success of any community event.

By signing below you agree that you have read and understand the UHKF Fundraising Terms and Conditions.

X _____
Contact of proposed event

X _____
Approval University Hospitals Kingston Foundation

Date: _____

Date: _____

PLEASE RETURN COMPLETED FORM TO:

University Hospitals Kingston Foundation
Attention: Events Team
55 Rideau St Suite 4
Kingston Ontario K7K 2Z8

Telephone 613-549-5452
Fax 613-549-5455
Email events@uhkf.ca