



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 inspired you to hold this event for University Hospitals Kingston Foundation? _____

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

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What is your fundraising goal? _____

Where would you like your funds designated? _____

A portion of the designated gift will be transferred to our unrestricted fund to help support high priority needs and our foundation operating expenses.

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

If yes, please indicate charity: _____

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

In order 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.

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 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**