

Thank you for your interest in fundraising for Providence Care through University Hospitals Kingston Foundation (UHKF). **We are so proud of our community members who devote their time and energy to fundraising for charitable causes.**

Anyone seeking permission to carry out fundraising at Providence Care is required to comply with hospital policies on fundraising in the workplace and to submit this completed form to UHKF for review and distribution to the executive leadership of Providence Care.

Organization/Staff Information

Organization/Event Name _____
PLEASE PRINT

Contact Name _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Email Address _____ Phone _____

IF YOU ARE A PROVIDENCE CARE EMPLOYEE, PLEASE FILL OUT THE FOLLOWING

Title/Department _____ Phone/Ext. _____

Program _____

Is the beneficiary a specific program at Providence Care? _____
PLEASE SPECIFY

Event and Location Information

Event Name _____

Event Date _____

Event Location _____

Event Description
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Event Time Start _____ End _____

NOTE: PLEASE INCLUDE SET-UP AND TAKE-DOWN IN YOUR BOOKING TIME

Local businesses or organizations you intend to solicit for prizes or donations

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PLEASE ATTACH A LIST IF YOU NEED MORE ROOM

Submitted By _____ Date _____
NAME DD / MM / YY

Approved by Providence Care _____ Date _____
NAME DD / MM / YY

Approved by UHKF _____ Date _____
NAME DD / MM / YY

Date Applicant Notified _____
DD / MM / YY

Thank you for fundraising for Providence Care through UHKF!

Send your completed and signed PDF to foundation@uhkf.ca or fax to **613.549.5455** **OR** Send your completed form via inter-office mail to **UHKF 4-55 Rideau St Kingston ON K7K 2Z8**



University Hospitals Kingston Foundation
uhkf.ca | **613.549.5452** | foundation@uhkf.ca
4-55 Rideau St Kingston ON K7K 2Z8
Charitable Registration No. 820218147RR0001

