



Fundraising in the Workplace Form

Thank you for showing interest in fundraising at, or for, Kingston Health Sciences Centre (KHSC). We are proud of our community members who devote their time and energy to fundraising for charitable causes.

All persons seeking permission to carry out fundraising at KHSC are required to comply with hospital policies on fundraising in the workplace (see KHSC policy 07-040) and to submit this completed form to University Hospitals Kingston Foundation for review and distribution to the executive leadership group of the hospital.

Organization/Staff Information:

Name of Organization/Event: _____

Contact Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone Number: _____

If hospital employee, please fill out the following:

Title/Department: _____ Phone ext.: _____

Program: _____

If the beneficiary is a specific program at KHSC please specify: _____

Event and Location Information:

Event Name: _____

Event Date: _____

Event Description: _____

Number of Expected People _____ Fundraising Goal _____

Event Time – Start _____ End _____
(Note: Please include set-up time in your booking time)

Event Location: _____

Space Requested: HDH KGH site

Meeting Room (Please specify size of room required)

Other (please specify) _____

Additional Requirements (Please include any other special needs):

NB: Please note that ALL raffles and draws of any value require a municipal license.

Promotion plans – Foundation/hospital role in your event

- Letter of endorsement to validate your event and help you secure prizes/donations
- Foundation or hospital logo on promotional materials (must be approved before print)
- Event details listed on uhkf.ca
- Advertise your event on UHKF and/or hospital Facebook and Twitter
- Utilize online fundraising webpage with UHKF
- Release your name and contact info to the media if asked about your event

Please indicate if you require promotional materials for your event

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

List local businesses or organizations you intend to solicit for prizes or donations
(attach list if needed):

Submitted by: _____ Date: _____
(signature)

Approved by Hospital: _____

Date: _____

Approved by UHKF _____

Date: _____

Date Applicant Notified: _____

Please fax, email or mail to: University Hospitals Kingston Foundation

55 Rideau St Suite 4 Kingston, ON K7K 2Z8

foundation@uhkf.ca

P: 613-549-545

F: 613-549-5455

www.uhkf.ca