

Fundraising Agreement Form

When you host a fundraiser, you bring our community together in support of Trillium Health Partners (THP) and help raise awareness about high-quality health care—right in your community. Your support has a lasting impact on patient care in the community for generations to come. Thank you for your support!

CONTACT INFORMATION

Name of organization: _____

What category best describes you:

Community Group School Corporation Service Club Individual

Other (Please specify): _____

Contact: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel (Main): _____ Tel (Alt): _____

Email: _____

INFORMATION ON YOUR Fundraiser

Name of Fundraiser: _____ Date: _____

Time: _____ Location & Address: _____

City: _____ Province: _____ Postal Code: _____

Summary of Fundraiser: _____

What inspired you to support Trillium Health Partners? _____

How many people do you expect to attend and/or participate? _____

What is your fundraising goal? _____

Do you have other beneficiaries? If yes, please list: _____

Is there a specific hospital program where you would like the funds to be designated towards? Or would you prefer highest-priority needs of the hospital? If no designation is selected, funds will go towards our hospital's highest-priority needs.



FOUNDATION SUPPORT

Trillium Health Partners Foundation is happy to provide support for your fundraiser. Please note: due to volume of requests and required lead times, some opportunities are subject to availability. From the list below, please indicate what support from the Foundation you are interested in receiving.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Endorsement letter—when soliciting donations, companies may require a letter from the Foundation acknowledging that your initiative is raising money for Trillium Health Partners. |
| <input type="checkbox"/> | Use of Trillium Health Partners Foundation logo—if required, please indicate what format is required (i.e. JPEG, PNG, EPS). All materials that include THPF's name or logo must be pre-approved by the Foundation. |
| <input type="checkbox"/> | Use of online fundraising system—if selected, please note that 100% of donations made online will go towards the specific program area you have identified. The Foundation cannot return any funds to you for expenses from your fundraiser. |
| <input type="checkbox"/> | Use of any of the following Foundation promotional materials: <input type="checkbox"/> THPF banner <input type="checkbox"/> Presentation cheque <input type="checkbox"/> Foundation marketing materials |
| <input type="checkbox"/> | Request Foundation representative to speak or attend your fundraiser— Guest attendees from the hospital and/or Foundation will require complimentary tickets or admission when invited to speak or attend your fundraiser. Please note that we will make every effort to send a representative to your initiative, if requested, however, attendance is subject to availability. |
| <input type="checkbox"/> | Promotion of your fundraiser on the following channel(s): <input type="checkbox"/> Foundation website <input type="checkbox"/> Foundation social media <input type="checkbox"/> Hospital e-communication <input type="checkbox"/> On-site hospital presence (i.e. posters) |
| <input type="checkbox"/> | Issue tax receipts for donations over \$25—tax receipts are issued in accordance with CRA guidelines and must be pre-approved by Trillium Health Partners Foundation. |

Please carefully read the following and sign below to verify that you have read, understand, and agreed to the following terms and conditions:

- Proceeds from this fundraiser will be directed to Trillium Health Partners.
- All information shared and transferred from THPF to you shall be used solely for the purpose of this fundraiser.
- Net proceeds from this fundraiser, together with all related financial reports, will be remitted to THPF within 60 days of this fundraiser. THPF retains the right to verify the financial reports.
- Tax receipts will be issued according to Canada Revenue Agency (CRA) guidelines.
- THPF assumes no legal or financial liability associated with this fundraiser.
- THPF is not responsible for any accidents or damage to persons or property that may occur during the course of the fundraiser. The fundraiser organizer will ensure that suitable insurance is in place prior to staging the fundraiser.
- If THPF has serious concerns about the way this fundraiser is being implemented or promoted, and such concerns are not immediately addressed, THPF reserves the right to withdraw the use of its name and logo and cancel this agreement. Trillium Health Partners or the Foundation is not responsible for financial or other damages that may result from such cancellation.
- THPF is unable to support applications for games of chance (raffle, bingo, casino, 50/50).
- Fundraiser organizer confirms that no games of chance (raffle, bingo, casino, 50/50) will take place at the fundraiser without the proper licensing requirements.

By signing below, you acknowledge that you have read, understand, and agree to the aforementioned terms and conditions.

EVENT ORGANIZER

THPF REPRESENTATIVE

Name: _____ **Name:** _____

Signature: _____ **Signature:** _____

Date: _____ **Date:** _____

Please complete, sign and return this agreement form to Morag Stewart, Associate Director, Philanthropy, Trillium Health Partners Foundation at morag.stewart@thp.ca or by mail: 89 Queensway West, Suite 800 Mississauga, ON L5B 2V2

