



**Event Date & Time:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Expected Number of Attendees:** \_\_\_\_\_ **Fundraising Goal: \$** \_\_\_\_\_

**How will you be promoting this event?**

Word of Mouth      Posters      Website      Letters

Email      Radio      Television      Social Media      Other

**Will attendees be given the opportunity to make a personal monetary donation (above any ticket pricing)?**

Yes      No

**Are tax receipts expected to be generated for this fundraising initiative? (Tax receipts are issued based on Canada Revenue Agency guidelines.)**

Yes      No

**Anticipated Expenses (venue rental, food, printing) \$** \_\_\_\_\_

**Choose at least one of the following:**

I plan to cover the expenses myself and/or my company plans to cover these expenses.

The expenses will be covered through sponsorship solicited by myself and/or my company.

I plan to use a portion of the funds raised (excluding receiptable donations) to cover the expenses.

**Will other charitable organizations benefit from this event?**      Yes      No

If yes, please list: \_\_\_\_\_

Percentage of proceeds: \$ \_\_\_\_\_

**Have you planned/executed a similar event previously?**      Yes      No

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# Community Fundraising Event Agreement

## CONSENT

The Glenrose Foundation is excited and grateful to be the recipient of any funds raised by community fundraising events; however, any events taking place in the name of the Glenrose Rehabilitation Hospital Foundation (GRHF) must be approved by the Foundation in advance of your event. This is to ensure any events held in our name are in line with our values and mission.

The Glenrose Foundation will not be held responsible for any debts incurred by those using the Glenrose Foundation name for fundraising events.

The logos of the Glenrose Foundation have standards governing their use. The use of these logos in conjunction with any fundraising initiative will be reviewed in accordance with Foundation policies. Where permission is given by the Foundation to use the logo(s) and/or the name(s) in conjunction with a fundraising initiative, any promotional materials must be approved by the Foundation prior to production and distribution.

## FUNDRAISING REQUIREMENTS

Please complete this form in its entirety, incomplete applications will not be approved and can delay the processing time.

All donated funds must be sent to the Glenrose Foundation within **30 days** of the event completion. Donations should be addressed to the Glenrose Rehabilitation Hospital Foundation.

If individual tax receipts are required, the fundraising group agrees to provide a detailed breakdown containing complete donor names and addresses of the donations received of more than \$20 to the Glenrose Foundation.

## MEDIA RELATIONS

You are welcome to respond to any media inquiries regarding your fundraising event; however, we kindly ask that you direct all Glenrose Foundation specific inquiries to the Glenrose Foundation.

## RIGHT TO WITHDRAW

While we appreciate any effort to raise funds on our behalf, we have to make sure all events are in line with our mandate. The Glenrose Foundation may, at any time, rescind the right to use its name for fundraising or other purposes.

The fundraising group agrees to accept the outlined terms and conditions. Please sign below and return this application to the Glenrose Foundation at [info@glenrosefoundation.com](mailto:info@glenrosefoundation.com)

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Applicant Signature

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Date Signed

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