



**OFFICE USE ONLY**  
 Date approved: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Hamilton Health Sciences Foundation  
 P.O. Box 739 LCD 1  
 Hamilton, ON L8N 3M8  
 (905) 522-3863 Fax: (905) 577-8025

**EVENT PROPOSAL FORM**

**Please complete all sections below. Agreement is valid when signed by both the sponsoring organization AND Hamilton Health Sciences Foundation.**

Name of group/company planning the event: \_\_\_\_\_  
 Contact person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Tel. Business: \_\_\_\_\_ Tel. Home: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Organization's Website (if applicable): \_\_\_\_\_  
 Event/Fundraising Program Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Event Location and address: \_\_\_\_\_  
 Briefly describe the event: \_\_\_\_\_

**BUDGET**

**Estimated Expenses**

Location: \$ \_\_\_\_\_  
 Printing: (tickets, posters etc.) \$ \_\_\_\_\_  
 Prizes: \$ \_\_\_\_\_  
 Food/beverage: \$ \_\_\_\_\_  
 Advertising: \$ \_\_\_\_\_

**Estimated Revenue**

Cost per person: \$ \_\_\_\_\_  
 # People Expected: \_\_\_\_\_  
 Sponsorship: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

**Total expenses (A):** \$ \_\_\_\_\_

**Total revenue (B):** \$ \_\_\_\_\_

**Estimated donation to hospital (B-A):** \$ \_\_\_\_\_

1. Please indicate which hospital the funds raised through this event will support and specify if there is a particular program/service you would like the funds to be directed to:

- Hamilton Health Sciences Foundation
- Hamilton General Hospital - including Regional Rehabilitation Centre
- Juravinski Hospital and Cancer Centre
- McMaster Children's Hospital - including Ron Joyce Children's Health Centre
- McMaster University Medical Centre
- St. Peter's Hospital

2. Do you require written acknowledgement from The Foundation? Yes  No

3. The Foundation may offer the support stated below where possible. What do you anticipate you might need?

- Printed background material relating to Hamilton Health Sciences
- Camera-ready copy of logo
- Other (please specify) \_\_\_\_\_

4. Will you require tax receipts for this event? Yes  No  (skip to question # 5)

- **Offering tax receipts must be pre-approved by Hamilton Health Sciences Foundation.**
- Tax receipts will be issued according to Canada Revenue Agency Guidelines.
- Tax receipts will only be issued if full contact information and complete mailing address of the donor is provided to The Foundation via email in the form of an excel spreadsheet.
- Tax receipts will NOT be issued for sponsorships as the company will have received marketing value in return.
- Hamilton Health Sciences Foundation will issue a letter to businesses and corporations regarding the donation, which should suffice as evidence of the charitable gift.

5. Will you be contacting media about this event? Yes  No

(All materials being submitted to media must be pre-approved by Hamilton Health Sciences Foundation. Please provide 3-5 business days for review and approval.)

Please read the following:

- I acknowledge that Hamilton Health Sciences Foundation's auditors may request verification of revenue from events being run on its behalf.
- Hamilton Health Sciences or Hamilton Health Sciences Foundation shall incur no costs or liability associated with this event.
- I agree to provide staffing and volunteers for this event.
- I agree to use my own mailing list for this event.
- I understand that I am responsible for all promotion and advertising of this event and that all materials must be approved by Hamilton Health Sciences Foundation prior to distribution.
- I understand that it will take 7-10 days to process my proposal.
- I understand that in order for events to be approved, there must be a cash donation made to Hamilton Health Sciences Foundation.
- I understand and agree that any information on an individual, company or organization that I may collect or have access to will be handled in accordance with the Information Privacy Policy and Principles established by Hamilton Health Sciences Foundation.
- I understand and acknowledge that Hamilton Health Sciences and Hamilton Health Sciences Foundation reserve the right to withdraw the use of its name and logo.
- I agree to submit the proceeds from my fundraising event to The Foundation within 30 DAYS of the event unless otherwise negotiated prior to the event date.
- I acknowledge that Hamilton Health Sciences Foundation does not offer support for bingo, raffles, Monte Carlo events and 50/50 draws. These are regulated by the Alcohol and Gaming Commission of Ontario.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Please print your name and title

\_\_\_\_\_  
Signed on behalf of (name of organization)