

Third Party Event Form

Contact Name:

Organization:

Telephone:

Email Address:

Mailing Address:

Name of Event:

Venue:

Venue Address:

Date of Event:

Time of Event:

of attendees:

New Event

Existing Event

Briefly Describe the Event:

Why is Hospice Niagara your charity of choice?

Briefly Describe the Event:

Is the event being held in memory or in honour of someone?

Yes No

If yes, name(s)

Is the event open to the public?

Yes No

Do you require event day volunteers?

Yes No

If yes, how many volunteers?

What % of proceeds will be donated to Hospice Niagara?

How much money do you expect to raise at the event?

Will you require a HN representative to speak at your event?

Yes No

If yes, please explain the requirements

Will there be a post-event cheque presentation?

Yes No

I/We: _____ propose to organize and execute a fundraiser to be

Called: _____ on: _____ at: _____

Signature(s): _____ Date: _____

And agree to the following:

I/We have read and understood the 3rd Party Event Package.

I/We agree to donate the net proceeds to Hospice Niagara.

I/We hold harmless Hospice Niagara for any and all liabilities associated with this event, unless prior written consent to cover expenditures is received from Hospice Niagara's Executive Director.

Any signage or materials utilizing the Hospice Niagara logo or other public relations materials must be authorized in writing by Hospice Niagara.

I/We understand and acknowledge that Hospice Niagara does not issue tax receipts for third party events unless it is an outright donation made out directly to Hospice Niagara.

I/We will provide Hospice Niagara with flyers, posters and pictures of the event.

At Hospice Niagara, we recognize the hard work that goes into your fundraising efforts.

We are deeply grateful to you for hosting your fundraiser in support of our organization.

Be sure to keep in touch with us, and send us photos of your event and thank you for helping us continue to provide compassionate care to families across Niagara!

Please complete the 3rd Party Event Form and submit it to the Fund Development Coordinator (vbonato@hospiceniagara.ca) at least four weeks prior to your event.

Questions? Contact us



Fundraising:
Victoria Bonato
Fund Development Coordinator

T: 905-984-8766, x231
vbonato@hospiceniagara.ca

**Download
Hospice Niagara's
"Guide to Hosting
Third Party Fundraisers"**

The Stabler Centre | **Welland Office**
403 Ontario Street, Unit 2, St. Catharines ON L2N 1L5 | 555 Prince Charles Drive, Welland ON L3C 6B5
T: 905-984-8766 | F: 905-984-8242 | F: 905-735-1703 | T: 905-735-1703

T: 905-984-8766 | info@hospiceniagara.ca | hospiceniagara.ca | Charitable Registration # 899716294RR0001