



INVESTING IN  
OUR HEALTH CARE



## **COMMUNITY PARTNER FUNDRAISING INITIATIVE AGREEMENT FORM**

Name of organization/group/individual organizing initiative: \_\_\_\_\_

Name of person in charge of initiative: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of activity: \_\_\_\_\_

Date and Time of activity: \_\_\_\_\_

Location of activity: \_\_\_\_\_

Describe the activity and the fundraising components (ticket sales, raffle, auction, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimated number of attendees/participants: \_\_\_\_\_

Will this be an annual activity benefitting the Bowmanville Hospital Foundation? \_\_\_\_\_

What is your gross revenue goal? \$ \_\_\_\_\_

Amount the event will be donating to the Bowmanville Hospital Foundation? \_\_\_\_\_

Do you plan on using the Foundation logo in any of your materials? \_\_\_\_\_

Have you read and understood the conditions for using the name and logo in advertising? \_\_\_\_\_

Have you read and understood the conditions of submitting a pre-event budget? \_\_\_\_\_

I/We hereby understand and agree to these terms and submit the following:

- The Bowmanville Hospital Foundation does not assume any legal or financial liability for the  
aforementioned initiative/activity.

- Furthermore, I/we understand and agree that the Bowmanville Hospital Foundation must approve, prior to  
the printing and distribution, any use of its name, logo or Foundation information.

**I/We have read and agree to the preceding Community Partner Fundraising Initiative terms and  
agreement.**

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Print Name

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Signature

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Date