

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 event: _____

Date and Time of activity: _____

Location of event: _____

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

Estimated number of attendees/participants: _____

Will this be an annual event? _____

What is your gross revenue goal? \$ _____

What is your donation goal? \$ _____

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

Do you agree to abide by the Brand Guidelines? _____

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/event.

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

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

Print Name

Signature

Date