



APPLICATION FORM TO ORGANIZE A FUNDRAISING ACTIVITY OR PROMOTION FOR THE BENEFIT OF THE HAWKESBURY & DISTRICT GENERAL HOSPITAL FOUNDATION

If your organization wishes to sponsor a fundraising activity or promotion to benefit the Hawkesbury and District General Hospital Foundation, please submit this form to the Foundation's mailing address: 1111 Ghislain Street Hawkesbury (Ontario) K6A 3N9, or by email to dmatichak@hgh.ca for authorization.

ORGANIZATION : _____

PERSON IN CHARGE: _____

TITLE (if applicable): _____

ADDRESS : _____

POSTAL CODE : _____

TELEPHONE : _____ MOBILE : _____

FAX : _____ EMAIL: _____

GENERAL INFORMATION:

Please circle the category that best describes your organization:

Community

Company

School

Service Club

Other : (please specify) _____

In brief, describe your business fundraising / promotion (example: location, cost per participant, etc.)

Date(s) of activity : _____ Location : _____

INFORMATION ON ADVERTISING:

Please describe the advertising you propose to do for this activity:

Will the advertising be done by the Foundation?

Yes ___ No ___ If yes, please indicate what you expect from the Foundation.

Will pamphlets, posters and other collateral materials be printed to promote this activity?

Yes ___ No ___

If yes, please indicate the approximate dates of distribution:

Does your organization wish to use the logo and name of the Hawkesbury & District General Hospital Foundation on its advertising brochures?

Yes ___ No ___

If yes, please provide a copy of your collateral material before printing.

FINANCIAL INFORMATION:

Estimated revenues of this fundraising activity / promotion: _____ \$

Estimated expenses for this fundraising activity / promotion: _____ \$

Estimated gift to the Hawkesbury & District Gen. Hosp. Foundation: _____ \$

Expected date for disbursement of donation to the Foundation: _____

Will other charities receive a gift following this fundraising activity / promotion?

Yes ___ No ___

If yes, please indicate the names of these organizations.

CIVIL LIABILITY INSURANCE:

If you require civil liability insurance for your activity, please communicate with the Foundation office.

HELP REQUIRED:

What support or help do you expect from the Hawkesbury & District General Hospital Foundation?

_____ Information documents on the Hospital and the Foundation.

Quantity required: _____

_____ Copy of the Foundation logo

_____ Lecturer: (subject : _____)

_____ Volunteers

_____ Other: Please specify: _____

PLEASE NOTE THAT THE ACTIVITIES TO RAISE FUNDS FOR THE HAWKESBURY AND DISTRICT GENERAL HOSPITAL AND ITS PROGRAMS ARE COORDINATED BY THE FOUNDATION OFFICE. The Foundation accepts no financial or legal liability for the event.

All monies donated from your event will be allocated to our campaign Access 2018 unless otherwise stipulated.

If you have any questions regarding this request, please contact Diane Matichak at the Foundation by calling (613) 632-1111, ext. 21108 or by email: dmatichak@hgh.ca.

Signature : _____

Date : _____

Title: _____

Signature : _____

Date : _____

Title: _____