



## FUNDRAISING EVENTS GUIDELINES

The Foundation welcomes individuals, community organizations and businesses, schools, and service clubs, to support health care in our community through fundraising events in support of the Foundation.

To ensure these events have a positive impact on the Foundation and its work, please adhere to these guidelines when planning a fundraiser.

1. Contact the Foundation at [info@qghfoundation.ca](mailto:info@qghfoundation.ca) and complete the Fundraising Registration Form before moving forward with your event. The Foundation will identify a Trustee member to act as your liaison.
2. All promotional materials, including advertising, tickets, and other materials used by a sponsoring organization will be reviewed by a designated member of the Queens General Hospital Foundation Board of Trustees prior to use. The event organizer is responsible for **all promotional costs**.
3. The sponsoring organization/individual is responsible for all permits, licenses and insurance
4. Money raised must be received within 45 days of the event.
5. Official tax receipts will be issued in accordance with the Canada Revenue Agency guidelines. Tax receipt information must be received within 45 days of the event.
6. The Foundation does not approve the following type of third party event:
  - a) Involvement of a professional fundraiser, telemarketing and/or an agreement to raise funds on a commission, bonus or percentage basis (with the exception of cause related marketing programs developed with corporate partners)
  - b) Events that promote the use of tobacco
  - c) Involve the promotion of a political party or candidate
7. When requested to participate, guest attendees from the Foundation will receive complimentary tickets or admission to attend an independent special event.



**FUNDRAISER REGISTRATION FORM**

To register your fundraising event for approval from the Foundation, please complete this form and read and agree to the Fundraising Events Guidelines. We will be in touch with you, once we receive this completed form.

**CONTACT INFORMATION**

Organization/group planning event, if applicable:

Contact Person:

Telephone:

Email:

Mailing Address:

**EVENT INFORMATION – PLEASE DESCRIBE YOUR EVENT**

<p>Name of Event:</p>	<p>Please describe the event and how funds will be raised:</p>
<p><input type="checkbox"/> One Time Event    <input type="checkbox"/> Annual    <input type="checkbox"/> Ongoing</p>	
<p>Date(s) of Event:</p>	
<p>Event Location:</p>	
<p>Time of Event:</p>	<p>Event Promotion – Please describe how you plan to promote the event/Activity:</p>
<p>Estimated Number of Attendees:</p>	
<p>Fundraising Goal: \$</p>	

**Do you plan on using Queens General Hospital Foundation’s name and logo in your print materials and publicity?**

Yes     No

*PLEASE NOTE: All materials featuring the Foundation’s name or logo must be approved by the Foundation/event liaison before publication. The Foundation will provide a high resolution version of its logo for approved events.*

**I/OUR ORGANIZATION AGREE TO ADHERE TO THE QUEENS GENERAL HOSPITAL FOUNDATION FUNDRAISING EVENTS GUIDELINES.**