

# Community Fundraisers Application and Guidelines

FOR OFFICE USE ONLY:

Approved by: .....

Date: .....

Campaign #: .....

Thank you for your interest in raising funds for the Stollery Children's Hospital Foundation.

Please complete and return your application at least one (1) month prior to your event.  
Application forms are to be sent to the following mailing address, fax number or email:

**Community Fundraisers**  
**Stollery Children's Hospital Foundation**  
**1502 College Plaza**  
**8215 – 112 Street**  
**Edmonton, Alberta, T6G 2C8**  
**OR Fax (780) 431-1076**  
**OR Email [sperilli@stollerykids.com](mailto:sperilli@stollerykids.com)**

**Once you have submitted your application, please wait for written confirmation from the Foundation before proceeding with your event planning.**

*Please note: Applications are approved for maximum period of 12 months; renewal / review must be done after this time.*

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## APPLICATION

### Contact & Event Information

**Name of fundraising initiative (event name):**

.....

**Applicant / Organizer's contact information:**

Contact Person:  Mr.  Mrs.  Ms.  Miss

Name: .....

Organizing Group Name (name of company, school, club, etc):

.....

Address: .....

City:.....Prov: ..... P/C: .....

Telephone: ..... Fax: .....

E-mail: .....

Web address: .....

**Date(s) of your initiative:** ..... **Time(s):** .....

**Location(s) of your initiative:**

.....

**Describe your initiative & how funds will be raised:**

.....

.....

.....

.....

Will tickets be sold and/or an admission fee charged?  Yes  No

If so, how much will the tickets / admission cost?.....

Where can guests purchase tickets? Please provide the location and/or contact information to purchase tickets or if they have any specific questions regarding your initiative (name, phone number, email):

.....

**Please indicate the category that best describes your group:**

Corporate     School     Community     Service Club

Other (please specify): .....

**Target market for your initiative:**

Employees     Customers     Members     General Public     Suppliers

Other (please specify): .....

**Recognition:**

Once you have submitted all proceeds from your initiative, you will receive specific recognition for your initiative. Please indicate below how you would like the name of your initiative presented on any Donor Recognition materials.

Name:

.....

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**Financial Information**

**Do you expect to issue tax receipts as part of your fundraising initiative?**  Yes     No

*Please note: Tax receipts are issued according to Canada Revenue Agency guidelines and Stollery Children's Hospital Foundation policy (\$25 minimum). If you intend on offering tax receipts, this must be pre-approved by the Foundation.*

Please provide expected values (in the appropriate areas). Note that we are aware that these figures are estimates.

**Proposed Income:**

Proposed Income                    \$ .....

**Anticipated Expenses:**

Venue Rental                        \$ .....

Food & Beverage                    \$ .....

Printing / Promotion                \$ .....

Other (please specify)                \$ .....

**Net Revenue: (Proposed Donation)**

Stollery Foundation Donation    \$ .....

I plan to cover these expenses myself / My company plans to cover these expenses

These expenses will be covered through sponsorship / donations by

.....

I plan to use a portion of my funds raised to cover my expenses

*Please note: It is the applicant / organizer's responsibility to return those completed forms along with all proceeds within 30 days of the initiative.*

**Will other charitable organizations benefit from this initiative?**  Yes     No

If yes, please list: ..... Percentage of proceeds: .....

**Have you planned / executed a similar initiative previously?**  Yes  No

If yes, for whom: ..... When: .....

Total funds raised: \$ .....

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## Public Relations Information

**Would you like your event listed / promoted in our monthly email newsletter and through other community event listings?**  Yes  No

*Note that the newsletter and community event listings are distributed to the general public. If your event is a private / invite-only function and you do not wish to have your event publicized, please ensure you select "no".*

*Please note that we make every effort to assist you in promoting your initiative however, due to content submission deadlines and/or if we have only received short notice of the event, we may not be able to include the event in our email newsletter or community event listings.*

**Please provide the contact information where a member of the public can obtain additional information of your initiative (name, phone number, email)**

.....

*Note that if you selected "yes" to publicizing your event, the name and contact information provided above will be made available to the public.*

**How will you be publicizing your initiative?** (check all that apply)

Word of Mouth  Posters  Website  Letters  
 Emails  Radio  Television  Social Media

Other: .....  
.....

**Please provide the website address and/or social media link(s) where the public can learn more about your fundraising event:**

.....

**If you will be using a professional advertising agency, please provide name of agency & phone number:**

Agency: ..... Telephone: .....

***Please note: Your promotional material must clearly state that you are conducting a fundraising initiative "In Support of the Stollery Children's Hospital Foundation.***

***All promotional material, electronic or print, MUST be approved by the Foundation prior to distribution.***

## **GUIDELINES**

### **Please read carefully as your signature is required**

1. A Community Fundraiser is an initiative that is organized and executed by a group independent from the Stollery Children's Hospital Foundation, such as Pledge-A-Thons, Dinners & Auctions, Tournaments, Event Ticket Sales, Product Sales and Cause Marketing.

**2. A Community Fundraiser Applicant must await approval from the Foundation prior to proceeding with the initiative.**

**3. Stollery Children's Hospital Foundation Name and Logo are the sole property of the Stollery Children's Hospital Foundation and can only be used with the Foundation's expressed written permission.**

4. All printed materials must clearly state what percentage of net proceeds will benefit the Stollery Children's Hospital.

5. Proceeds to the Stollery Children's Hospital Foundation must be remitted within 30 days of the event, along with the money submission tracking form.

6. The applicant is responsible for any financial costs and no costs will be incurred by the Foundation unless otherwise agreed to in writing prior to commencement of your initiative.

7. The applicant is responsible for ensuring liability insurances are in place.

8. Tax receipting complies with Canada Revenue Agency and Stollery Children's Hospital Foundation policy. Requests for tax receipts must be submitted along with application for approval.

9. Applications are approved for a defined period, please advise the Foundation with any schedule changes or cancellations.

10. The Applicant is responsible for: recruiting & managing volunteers, event advertising (ticket sales, press releases, flyers, etc.), creating a budget, all expenses incurred, event sponsorship and / or solicitation.

11. The Foundation does not support initiatives that pose a health hazard, solicit door-to-door, solicit through telemarketing or utilize vending machines. Nor does the Foundation endorse coin boxes or pass-the-hat types of donation collection. Fundraising initiatives must be consistent with the positive image of the Stollery Children's Hospital.

12. The Foundation reserves the right to withdraw approval of an initiative, at any time, should it not comply with the values and Fundraising Guidelines of the Foundation or the Stollery Children's Hospital, or differs, in any way, from the original fundraising application.

13. The Foundation does not trade, sell or exchange in any way, databases or lists of biographical information and abides by the Freedom of Information and Protection of Privacy Act.

**I have read and understand the Application and Guidelines. I agree to abide by the terms as set out above by the Stollery Children's Hospital Foundation:**

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

If you have any questions, please contact the Foundation at 780-433-5437.

Thank you for your interest in raising money for miracles!