



# THIRD-PARTY FUNDRAISING APPLICATION

We are extremely grateful that you want to help raise funds for Residential Hospice of Grey Bruce, (RHGB). Fundraising through special events is a great way to create awareness in our community and support those who require our care.

## Organizational Information (please print):

Name of Organization/Group/Company: \_\_\_\_\_

Main Contact Person/Event Organizer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Event Information:

Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Venue: \_\_\_\_\_

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

Briefly describe the event and how the funds will be raised:

Will this event be open to the public?  Yes  No

Will this be an annual event?  Yes  No

Are you holding this event in honour/memory of someone?  Yes  No

Would you like RHGB materials to display at your event?  Yes  No

If yes, what materials?

Brochures  Banners  Other \_\_\_\_\_

What is your fundraising goal? \$ \_\_\_\_\_

What percentage of monies raised would be donated to RHGB? \_\_\_\_\_%

Why have you chosen Residential Hospice of Grey Bruce as charity of choice for your event?



1725 10<sup>th</sup> Street East Owen Sound, ON N4K 0G5

519-370-7239

[www.greybrucehospice.com](http://www.greybrucehospice.com)

Revised July 2021



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**I acknowledge, as the Third-party Fundraising Event Organizer:**

- I have read and understood all the terms and conditions listed above.
- I understand and agree to provide Residential Hospice of Grey Bruce (RHGB) with all net revenues from the event within 30 days along with a report of all expenses incurred, including in-kind items/services and revenues received.
- I understand and agree that all publicity, media or otherwise, for the proposed event must be approved by Residential Hospice of Grey Bruce prior to being released, printed, shared online, etc.
- I understand and agree that Residential Hospice of Grey Bruce has no financial or legal responsibility for this event.

Date \_\_\_\_\_

Signature of Applicant/Event Organizer \_\_\_\_\_

Print Applicant Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Our staff will review your application and be in touch in a timely manner. If at any time you have questions, please do not hesitate to contact the Fund Development team at 519-370-7239.

**Thank you for your interest in fundraising for Residential Hospice of Grey Bruce!**

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***For office use:***

Approved By \_\_\_\_\_ Date \_\_\_\_\_

- List of Committee members received from Event Organizer(s)
- RHGB logo provided to Event Organizer(s)
- Letter of Acknowledgement provided to Event Organizer(s) for solicitations



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