



## Third-Party Fundraising Application

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

### Organizer Information (please print):

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

Main Contact Person: \_\_\_\_\_

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

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

### Fundraiser Information:

Name of Fundraiser or event: \_\_\_\_\_

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

(please circle one)

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

(please circle one)

If yes, who are you honouring / memorializing? \_\_\_\_\_

**Would you like GBH materials to display at your event?**  
(please circle which materials you would be interested in)

Brochures      Banners      Admission Information      Other: \_\_\_\_\_

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

**What percentage of funds raised will be donated to GBH?** \_\_\_\_\_ %

**Why have you chosen Grey Bruce Hospice as charity of choice for your fundraiser?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 Grey Bruce Hospice Inc. (GBH) with all the designated percentage 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 Grey Bruce Hospice prior to being released, printed, shared online, etc.
- I understand and agree that Grey Bruce Hospice has no financial or legal responsibility for this event.

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

Signature of Applicant/Main Contact: \_\_\_\_\_

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

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

Our staff will review your application and be in touch within a week. 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 Grey Bruce Hospice – Chapman House!**