



Third Party Events- Guidelines and Authorization Form

Organizer(s)

Name of Organizing Group

Category (School, company, individual, community, group, other)

Primary Contact

Email

Address

City/Province

Postal Code

Telephone (Home)

Telephone Work/Cell

Secondary Contact (If Applicable)

Telephone

Email

Event

Name of Event

Date (D-M-Y)

Time

Location (Venue Name)

Address

City/Province _____

Postal Code _____

Designation of Funds (department/specific fund)

Type of Event

- Benefit Dinner or Lunch Concert
 Sporting Event Golf Tournament
 Bazaar Other (Specify)

Estimated Number of Participants: _____

Fundraising

What type of fundraising activities will you do?

- Sale of Tickets or Goods Matching gift
by employer/sponsor
 Auction Sports Event
 Raffle
 Other _____

Preliminary Budget

What are your anticipated Revenue Streams?

Ex: Raffle, Auction, Donations, Sponsorships, Matching gifts from employers, ticket price/person. Please list numeric value for each stream that applies.

Total Anticipated Revenue \$ _____



Estimated Market Value Expenses

Ex: Venue rental, food and drink, permits, insurance, advertising, printing costs, entertainment, audiovisual, misc. Please list numeric value for each stream that applies.

Total Anticipated Expenses \$ _____

Estimated Gift-In Kind Donations (GIK)

Ex: Materials for raffle, party favours, silent auction.

Total Anticipated GIK Expense \$ _____

Net Revenue for the MGH Foundation

Per the CRA policies and guidelines, expenses should not exceed 50% of total revenue.

Calculation of expenses versus revenue

Expenses _____ / Revenue _____ x 100 = _____%

The result must be less than 50% to be approved.

Conditions

- I agree that all fundraising events for the Montreal General Hospital Foundation must be approved before the event is organized.
- I agree to forward all funds raised by myself and/or organizing committee no more than 30 days after the event is held.
- I agree that all communications featuring the name and logo of the Montreal General Hospital Foundation must be submitted for approval prior to distribution.
- I agree to keep my Foundation Events Coordinator informed about my event.
- I agree that my fundraising practices comply with the law (no relation to any acts that are: illegal, contrary to public policy, deceptive or unrelated to the cause).
- I agree to keep record of all revenues and expenses independently so it allows for easy cash flow by the Foundation.
- I am aware of the Canada Revenue Agency's policies and guidelines with regards to donations, and I will agree to adhere to them.

Signature

Date

THANK YOU FOR YOUR SUPPORT!

Please send this completed and signed form to the MGH Foundation by fax, email or mail.