ICE COMMUNITY EVENTS APPLICATION FORM

Thank you for your interest in supporting VGH & UBC Hospital Foundation. If you or your group wishes to host a fundraising initiative to benefit our hospitals and health care centres, we kindly request you to submit this completed proposal to the Foundation for approval.

Please do not hold or publicize the event until you have received confirmation from our Foundation.

If you have any questions concerning this application please contact the Fundraising Events Coordinator by email at events@vghfoundation.ca or by phone at 604-875-4676 ext 68520.

CONTACT INFORMATION

Name of Individual/Group planning event:

Please select a category that best describes your Group/organization:

| Corporation | Community | 🛛 School | □ Service Club | □Individual | | |
|---|-----------|----------|----------------|--------------|--|--|
| Contact Person: 🗆 Mr 🗖 Miss 🗖 Mrs 🗖 Ms 🗋 Dr | | | | | | |
| Mailing Address: | | | | | | |
| City: | Р | rovince: | | Postal Code: | | |
| Phone Number: | | Em | ail: | | | |
| What inspired you to hold this event? | | | | | | |

EVENT INFORMATION

| Title of Event: | Title of Event for Recognition: | Event Date: |
|----------------------------------|---------------------------------|-------------|
| Expected Number of Participants: | Fundraising Goal: | |

Would you like to designate funds raised to a specific program or area of the Hospital?

*Please note that 8% of all donations will be allocated to the Foundation's Most Urgent Needs fund, which go towards our medical facilities' most urgently needed equipment, most promising initiatives and as well as the work of the Foundation.

| YES, please designate funds to: through the VGH & UBC Hospital Foundation. | NO, please designate funds to the great area of need. The Most Urgent Needs Fund supports advanc ing patient care, purchasing urgently needed equip ment, and funding innovative new research at VGH, UBC Hospital, GF Strong Rehab Centre, Vancouver Community Health & VCHRI. | | | | | |
|---|--|--|--|--|--|--|
| Are there other beneficiaries for this event? | | | | | | |
| □ NO □ YES, % of funds will also support | | | | | | |
| FUNDRAISING DETAILS Briefly describe your event. We can help through logistics and planning. | | | | | | |
| How will you raise funds for your event? | | | | | | |
| Donations 🔲 Auction 🗌 Ticket Sales 🗌 Sponsors | ship 🔲 Raffle 🔲 50/50 Draws 🔲 Other: | | | | | |
| *Please note Events that contain a Raffle, 50/50 draws, bingo or other gaming activities will require a gaming license. The Foundation can provide more information to help guide you through the application process. | | | | | | |

Do you plan to use the VGH & UBC Hospital Foundation's name & logo in your event promotions?

☐ YES, By checking this box you acknowledge that all materials (printed or digital) mentioning the Foundation or containing the Foundation logo must be submitted for approval prior to publishing/printing.

EVENT AGREEMENT

agree to:

In support of

(full name)

- Portray a positive, credible public image on behalf of VGH & UBC Hospital Foundation while conducting all activities related to this fundraising event.
- Abide by the Canada Revenue Agency (CRA) guidelines regarding the issuance of charitable tax receipts. (We will provide all necessary information & assist you with the process)
- Obtain authorization and approval from VGH & UBC Hospital Foundation for the use of its name and logo in any and all media and print materials related to this event. (Logo usage must be done in accordance with our guidelines)
- Handle any monetary transactions, and present the proceeds to VGH & UBC Hospital Foundation in a timely manner following the event. (Within 30 days of event).
- Submit the complete name, addresses and donation information to VGH & UBC Hospital Foundation so that tax receipts may be issued. (Without this complete information, receipts will not be issued.)
- Provide staffing and volunteers for the event. (We will assist where we can)
- Use its own mailing list for the event.

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- Obtain all necessary permits, licenses or insurance.
- Notify VGH & UBC Hospital Foundation prior to the original event day if the event is cancelled.
- Receive final approval and confirmation of event proposal from the Foundation before publicizing or holding the event

VGH & UBC Hospital Foundation:

- Shall not incur any cost or liability associated with this event.
- Reserves the right to withdraw the use of its name and logo at any time.
- Agrees to recognize the event in accordance with its donor recognition policies.

VGH & UBC Hospital Foundation looks forward to partnering with you on the success of your fundraising endeavors in support of our hospitals and health care centres.

(signature)

(date)

Please send your completed form to events@vghfoundation.ca.

If you would like to mail your completed form, please send a printed copy to our mailing address.

VCH & UBC Hospital Foundation Attn: ICE Coordinator 190-855 West 12th Avenue Vancouver, BC V5Z 1M9

events@vghfoundation.ca 604-875-4676 ext 68520

FORM SUBMISSION INSTRUCTIONS

| Р | rint | |
|---|--------------------|--------------------------------------|
| | Printe : Adobe PDF | Properties Advanced |
| | Copies: 1 | Print in grayscale (black and white) |
| | | Save ink/toner 🛈 |

How to submit completed form as PDF:

- 1) Complete the form and make sure all fields have been filled
- 2) Go to the top menu and click File, and then select Print
- 3) Once the Print dialog box has opened up, under the Printer dropdown menu select 'Adobe PDF' as your main printer
- 4) Click the 'Print' button
- 5) A new dialog box should have opened up, allowing you to save your completed form as a PDF document
- 6) Name your file and click 'Save' to save your PDF document
- 7) You may now email your completed form to events@vghfoundation.ca

Please send your completed form by email at events@vghfoundation.ca.

If you would like to mail your completed form, please send a printed copy to our mailing address.

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In support of

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