



Community Hosted Event: Product Sales Agreement

Contact Information

Contact Name(s) _____

Mailing Address _____

Phone Number _____ Email _____

What is your preferred method of contact? ☐ Email ☐ Phone

I would like to receive electronic information about WDMH / the WDMH Foundation / Dundas Manor.

☐ Yes ☐ No

I would like to learn more about sharing my story to inspire others to fundraise for WDMH / Dundas Manor.

☐ Yes ☐ No

Product Sale Basics

Product Sale Event Name _____

Date _____ Location _____

Please describe the details of the product sale event. _____

Has the product event ever taken place before? ☐ Yes ☐ No If yes, when? _____

Product Sale Advertising

How do you plan to promote your product sale event?

☐ Posters ☐ Print Media ☐ Social Media ☐ Radio/TV ☐ Other _____

Will you require use of the WDMH Foundation / Dundas Manor / Expanding the Circle of Compassionate Care logos? ☐ Yes ☐ No

How will you use the logo(s)? _____

**Any use of the WDMH Foundation / Dundas Manor / Expanding the Circle of Care logos must be approved by the WDMH Foundation prior to use.*

Product Sale Financials

Is the WDMH Foundation the sole beneficiary of your event's proceeds? ☐ Yes ☐ No

If no, what other charities are benefitting from your event? _____

What percentage will be donated to the WDMH Foundation? _____

Product Sale Receipting

*Receipts will be issued by the WDMH Foundation in accordance with the Canada Revenue Agency Guidelines.

The WDMH Foundation **will**:

- ✓ Issue *Business Receipts* for cash sponsorship/donations from businesses. The event organizer must provide the complete donor name, address, phone number, and donation amount to the Foundation.
- ✓ Issue *Official Income Tax Receipts* for donations from individuals. The event organizer must provide the complete donor name, address, phone number, and donation amount to the Foundation.

The WDMH Foundation **will not**:

- ✗ Issue any receipts to either the donor or purchaser of an event auction item.
- ✗ Issue any receipts for the donation of gift-in-kind items.

Should additional information/clarification be required, please contact the Managing Director at 613-774-2422 x 6169.

Product Sale Promotion

The WDMH Foundation will promote your product sale event in the following ways, where possible. We will require the necessary information a minimum of seven days prior to the event. Please select the mediums you prefer.

- ☐ Internally at WDMH / Dundas Manor (posters, email) ☐ On the WDMH Foundation website
- ☐ On the WDMH Foundation Facebook page ☐ On the Dundas Manor Facebook page
- ☐ In the WDMH Foundation Newsletter (Because of You) ☐ In the WDMH Newsletter (The Pulse)
- ☐ In the Dundas Manor Newsletter
- ☐ Issue either a media advisory prior to the event OR a press release following the event. Organizers must provide details to WDMH Foundation Office. Please indicate your choice.
☐ **Prior to the event** ☐ **Following the event**

*Inclusion in newsletters may only be possible following an event, depending on publication schedule and receipt of event information.

Please provide the following (if applicable):

- Your organization's website _____
- Your organization's Facebook link _____
- Your organization's Twitter handle _____

Please provide any logo, etc. from your organization should you wish it included in the event promotion.

Please tell us some background about your decision to host a fundraising event, to help us in the promotion.

The Community Product Sale Event Organizer(s) agree to the following: (Please initial here: _____)

- ✓ Keep the WDMH Foundation informed throughout the planning process.
- ✓ Provide copies of all promotional materials, invitations, etc. being created for the event prior to use, in order to remain consistent with the Foundation's branding standards and visual presence.
- ✓ Provide in detail all the information related to the community event.
- ✓ Inform all potential attendees, donors and other stakeholders that the WDMH Foundation is the beneficiary/one of the beneficiaries of your event proceeds, **NOT** the host of the event. This must be included on all promotional materials.
- ✓ Use the WDMH Foundation / Dundas Manor / Expanding the Circle of Compassionate Care logos for only the promotion of this specific event. The name and/or logos must not be altered in way.
- ✓ Use only information obtained from the WDMH Foundation in the promotion of the Dundas Manor / WDMH Foundation, rather than outside sources.
- ✓ Abide by the municipal, provincial, and federal laws in the execution of the event.
- ✓ Provide a typed list of those donors/attendees who are eligible for an official income tax receipt. The list will include the donors/attendees full name, full address, and telephone number. C/o addresses are not acceptable. Official income tax receipt will not be issued if a person's first name is not provided or if a postal code is not provided.
- ✓ **Provide a detailed breakdown of the revenue generated by the event to the WDMH Foundation along with one cheque made payable to the WDMH Foundation within 30 days of the event date.**

Example of revenue breakdown:

Donations requiring receipts (list attached)	\$450
Product Sales (no receipts required)	\$75

The WDMH Foundation will:

- ✓ Promote the product sale Event through all avenues available, as requested by the event organizers.
- ✓ Ensure appropriate recognition of product sale event organizers.
- ✓ Issue either one of the following: either a media advisory (prior to the event), or a media release (following the event), as requested by the event organizers.

- ✓ Issue charitable tax receipts for individuals and business receipts to companies, when previously agreed upon by the product sale event organizers and the Foundation, when appropriate details are provided by the organizers.
- ✓ Issue an official income tax receipt only if the gift qualifies and meets proper requirements set up by the WDMH Foundation.
- ✓ Provide a total of 100 printed copies for posters or tickets.
- ✓ Provide the WDMH Foundation logo to be added to all promotional materials, tickets, etc. being created for the event, to remain consistent with the Foundation's branding standards and visual presence.

The WDMH Foundation will not:

- X** Incur any legal or financial responsibilities associated with this community event.
- X** Issue official income tax receipts or business receipts for gift-in-kind donations (product or service). The community event organizers may issue a receipt to any business for the value of the gift-in-kind donation from a standard receipt book.
- X** Issue any receipts as the result of a product sale event auction, to either the donor or the buyer of the auction item.
- X** Issue official income tax receipts if a person's full name and full address is not provided or is not legible.
- X** Provide any resources beyond what is covered in this agreement.

Product Sale Community Event Organizer

Campaign Assistant, WDMH Foundation

Date: _____

Please provide one cheque payable to the WDMH Foundation within 30 days of your event.

Questions?

Please contact Cindy Ault Peters, Campaign Assistant at cpeters@wdmh.on.ca, or by phone: (cell) 343-572-6345.

Please contact Kristen Casselman, Managing Director at kcasselman@wdmh.on.ca or by phone: (office) 613-774-2422 x 6169 or (cell) 613-293-9737.



566 Louise Street, Winchester, ON K0C 2K0
Phone: (613) 774-2422 ext. 6169 • Fax: (613) 774-7202
www.wdmhfoundation.on.ca
Charitable Registration #89282 4368 RR0001

WDMH Foundation Consent and Release Form

I, _____, give my consent to be interviewed, quoted, photographed or videotaped for use by the WDMH Foundation.

I understand the material could be used for:

- ☐ Foundation, Hospital and Dundas Manor Written Materials (e.g. annual reports, internal and external newsletters, displays and written materials)
- ☐ Foundation, Hospital and Dundas Manor Websites
- ☐ Foundation, Hospital and Dundas Manor Social Media

Purpose: (For example, ABC Company Cheque Presentation on Jan 1, 2020.)

Please quote me / us as:

I release the WDMH Foundation and its employees from all liabilities associated with these materials.

Name (printed): _____

Signature: _____

Date: _____

*Thank you for agreeing to share your story. We are so grateful for your support!
If you have specific questions, please let us know.*

Foundation Staff:

Please record names and titles for those in photos:

Left to Right:

For Office Use Only

- ✓ Event approved ☐ Yes ☐ No ☐ N/A
- ✓ Paperwork received
 - Agreement ☐ Yes ☐ No
 - Media Consent Form ☐ Yes ☐ No
- ✓ Budget received ☐ Yes ☐ No ☐ N/A
- ✓ Licencing meeting held ☐ Yes ☐ No ☐ N/A
- ✓ Licence applications submitted ☐ Yes ☐ No ☐ N/A
- ✓ Foundation logo provided ☐ Yes ☐ No
- ✓ Organization logo received ☐ Yes ☐ No ☐ N/A
- ✓ Promotional items approved ☐ Yes ☐ No
- ✓ Licence(s) secured ☐ Yes ☐ No ☐ N/A
- ✓ Event added to calendars ☐ Yes ☐ No
- ✓ Board member secured ☐ Yes ☐ No ☐ N/A
- ✓ WDMH guest speaker secured ☐ Yes ☐ No ☐ N/A
- ✓ Event promotion in place ☐ Yes ☐ No
- ✓ Event attended ☐ Yes ☐ No
- ✓ Donation received
 - Tax receipt info received ☐ Yes ☐ No ☐ N/A
 - Pledge forms received ☐ Yes ☐ No ☐ N/A
 - Waivers received ☐ Yes ☐ No ☐ N/A
- ✓ Cheque Presentation complete ☐ Yes ☐ No
- ✓ Media release sent ☐ Yes ☐ No ☐ N/A
- ✓ Thank you card sent ☐ Yes ☐ No