



Community Hosted Event Agreement

Contact Information

NAME(S): _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

Event Details

EVENT NAME: _____

EVENT DATE: _____ EVENT LOCATION: _____

PLEASE DESCRIBE THE DETAILS OF YOUR EVENT: _____

IS THERE A COST TO ATTEND? IF SO, WHAT IS THE COST? _____

WOULD YOU LIKE A WDMH FOUNDATION REPRESENTATIVE TO ATTEND YOUR EVENT? YES NO

IF YES, WHAT TIME SHOULD THAT PERSON ARRIVE? _____ WHEN WOULD THEY LEAVE? _____

WHAT WOULD YOU LIKE THAT PERSON TO DO WHILE THERE?

Event Advertising

WILL YOU REQUIRE USE OF THE WDMH FOUNDATION LOGO? YES NO

HOW WILL YOU USE THE LOGO? _____

****ANY USE OF THE WDMH FOUNDATION LOGO MUST BE APPROVED BY THE WDMH FOUNDATION PRIOR TO USE.***

Event Financials

WILL YOU BE HOSTING ANY RAFFLES DURING YOUR EVENT? YES NO

WILL YOU BE SERVING ANY ALCOHOL DURING YOUR EVENT? YES NO

****MOST RAFFLES AND ALCOHOL SERVICES REQUIRE LICENSES. CONTACT THE WDMH FOUNDATION TO DISCUSS.***

IS THE WDMH FOUNDATION THE SOLE BENEFICIARY OF YOUR EVENT'S PROCEEDS? YES NO

IF NO, WHAT OTHER CHARITIES ARE BENEFITTING FROM YOUR EVENT? _____

WHERE WOULD YOU LIKE THE PROCEEDS OF THIS EVENT TO BE DIRECTED? **PLEASE SELECT ONE.**

- | | | |
|--|--|---|
| <input type="checkbox"/> FAMILY CARE FUND | <input type="checkbox"/> GENERAL EQUIPMENT FUND | <input type="checkbox"/> HEALTHCARE UNDESIGNATED FUND |
| <input type="checkbox"/> DIGITAL MAMMOGRAPHY FUND | <input type="checkbox"/> CANCER CARE FUND | <input type="checkbox"/> CANCER CARE NAVIGATOR FUND |
| <input type="checkbox"/> BUILDING & RENOVATIONS FUND | <input type="checkbox"/> FAMILY BIRTHING UNIT FUND | <input type="checkbox"/> DIAGNOSTIC IMAGING FUND |
| <input type="checkbox"/> DUNDAS MANOR REDEVELOPMENT FUND | | |

Event Promotion

THE WDMH FOUNDATION WILL PROMOTE YOUR EVENT IN THE FOLLOWING WAYS. WE WILL REQUIRE THE NECESSARY INFORMATION A MINIMUM OF SEVEN DAYS PRIOR TO THE EVENT. **PLEASE SELECT THE MEDIUMS YOU PREFER.**

- | | |
|---|---|
| <input type="checkbox"/> INTERNALLY AT WDMH (POSTERS, EMAIL) | <input type="checkbox"/> ON THE WDMH FOUNDATION WEBSITE |
| <input type="checkbox"/> ON THE WDMH FOUNDATION FACEBOOK PAGE | <input type="checkbox"/> ON THE WDMH FACEBOOK PAGE |
| <input type="checkbox"/> IN THE WDMH NEWSLETTER (BECAUSE OF YOU) | <input type="checkbox"/> IN THE WDMH NEWSLETTER (THE PULSE) |
| <input type="checkbox"/> ON THE DUNDAS MANOR WEBSITE | <input type="checkbox"/> ON THE DUNDAS MANOR FACEBOOK PAGE |
| <input type="checkbox"/> PROVIDE 100 FREE COLOUR COPIES OF YOUR CHOICE (I.E. POSTERS, AUCTION BID SHEETS) | |
| <input type="checkbox"/> ISSUE A MEDIA ADVISORY <u>PRIOR</u> TO THE EVENT AND A PRESS RELEASE <u>FOLLOWING</u> THE EVENT. | |

PLEASE PROVIDE THE FOLLOWING **(IF APPLICABLE):**

YOUR ORGANIZATION'S WEBSITE: _____

YOUR ORGANIZATION'S FACEBOOK LINK: _____

**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 Event Organizer(s) agree to the following:

- ✓ PROVIDE COPIES OF ALL PROMOTIONAL MATERIALS, INVITATIONS, ETC. BEING CREATED FOR THE EVENT PRIOR TO USE, IN ORDER TO REMAIN CONSISTENT WITH THE WDMH FOUNDATION'S BRANDING STANDARDS AND VISUAL PRESENCE.
- ✓ PROVIDE IN DETAIL ALL OF THE INFORMATION RELATED TO THE COMMUNITY EVENT.
- ✓ INFORM THE WDMH FOUNDATION OF POTENTIAL SPONSORS FOR THE EVENT, SO WE CAN COORDINATE WITH OTHER COMMUNITY/ FOUNDATION EVENTS, AND ENSURE SPONSORS ARE RECOGNIZED APPROPRIATELY. PROVIDE IN DETAIL ALL OF THE INFORMATION ASSOCIATED WITH CASH SPONSORSHIPS OF THE COMMUNITY EVENT.
***THE WDMH FOUNDATION RESERVES THE RIGHT TO REQUEST THAT EVENT ORGANIZERS DO NOT SOLICIT A PARTICULAR SPONSOR.**
- ✓ ENSURE THAT NECESSARY SAFETY PRECAUTIONS ARE TAKEN PRIOR TO/DURING THE EVENT AND UNDERSTAND THAT THE FOUNDATION WILL NOT BE RESPONSIBLE FOR ANY ACCIDENTS OR DAMAGE TO PERSON(S) OR PROPERTY THAT MAY OCCUR DURING THE COURSE OF THE 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 LOGO FOR ONLY THE PROMOTION OF THIS SPECIFIC EVENT. OUR NAME AND/OR LOGO MUST NOT BE ALTERED IN ANY WAY.
- ✓ USE ONLY INFORMATION OBTAINED FROM THE WDMH FOUNDATION, RATHER THAN OUTSIDE SOURCES.
- ✓ USE MY/OUR OWN MAILING LIST/CONTACTS FOR THIS EVENT.
- ✓ ABIDE BY THE MUNICIPAL, PROVINCIAL, AND FEDERAL LAWS IN THE EXECUTION OF THE EVENT.
- ✓ SCHEDULE MEETINGS WITH THE WDMH FOUNDATION MANAGER OF DIRECT MAIL & EVENTS AS REQUIRED FOR EACH TYPE OF LICENCE REQUIRED, SIX WEEKS PRIOR TO THE EVENT DATE.
- ✓ PROVIDE THE WDMH FOUNDATION REASONABLE NOTICE SHOULD THE ORGANIZERS DECIDE TO CANCEL THE EVENT.
- ✓ HAVE ALL SPORTING EVENT PARTICIPANTS SIGN AN EVENT WAIVER, PROVIDED BY THE FOUNDATION.
- ✓ RECRUIT YOUR OWN COMMITTEE MEMBERS AND VOLUNTEERS FOR THE EVENT.
- ✓ SECURE YOUR OWN DOOR PRIZES, RAFFLE PRIZES, AUCTION ITEMS, AND GIFT BAG MATERIALS.
- ✓ PROVIDE A TYPED LIST OF THOSE 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 RECEIPTS WILL NOT BE ISSUED IF A PERSON'S FIRST NAME IS NOT PROVIDED/LEGIBLE OR IF A POSTAL CODE IS NOT PROVIDED.
- *THE WDMH FOUNDATION WILL ISSUE BUSINESS RECEIPTS FOR CASH SPONSORSHIP/DONATIONS FROM BUSINESSES AND OFFICIAL INCOME TAX RECEIPTS FOR DONATIONS FROM INDIVIDUALS.**
- *THE WDMH FOUNDATION WILL NOT ISSUE ANY RECEIPTS FOR THE DONATION OF GIFT-IN-KIND ITEMS OR ACUTION ITEMS.**
- ✓ SPEAK WITH THE WDMH FOUNDATION'S MANAGING DIRECTOR PRIOR TO PROMISING CHARITABLE INCOME TAX RECEIPTS TO ENSURE COMPLIANCE WITH THE CRA.
- ✓ 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.
- *IF THE EVENT IS USING PLEDGE SHEETS, PLEASE HAND IN PLEDGE SHEETS WITH ASSOCIATED PAYMENTS, INSTEAD.**

EXAMPLE OF REVENUE BREAKDOWN:

DONATIONS REQUIRING RECEIPTS (LIST ATTACHED)	\$450
CASH SPONSORSHIP (LIST ATTACHED)	\$2,000
MISCELLANEOUS (NO RECEIPTS REQUIRED)	\$75

COMMUNITY EVENT ORGANIZER

MANAGER OF DIRECT MAIL & EVENTS, WDMH FOUNDATION

DATE: _____

***PLEASE PROVIDE ONE CHEQUE PAYABLE TO THE WDMH FOUNDATION WITHIN 30 DAYS OF YOUR EVENT.**

QUESTIONS?

PLEASE CONTACT JUSTINE PLUMMER, MANAGER OF DIRECT MAIL & EVENTS AT JPLUMMER@WDMH.ON.CA, OR BY PHONE: (OFFICE) 613-774-2422 X 6172, OR (CELL) 343-543-0069.

PLEASE CONTACT KRISTEN CASSELMAN, MANAGING DIRECTOR AT KCASSELMAN@WDMH.ON.CA OR BY PHONE: (OFFICE) 613-774-2422 X 6169 OR (CELL) 613-293-973