



GROVES HOSPITAL FOUNDATION

Independent Community Event Information Form

Tell us about your event:

Name of proposed event: _____

Nature/theme of proposed event: _____

Date of event: _____ Location of event: _____

Designation of funds (New Groves Hospital/Equipment): _____

Contact information:

Name of Individual/Group/Company Planning event: _____

Name/Title of individual responsible: _____

Mailing Address: _____

Phone: _____ Email: _____

Event Plan:

What price will be charged for this event and/or how will funds be raised?

How many people do you expect to attend the event?

Who is your target audience to attend and support the event?

How will the event be promoted in the Community?

Briefly describe the event and how the funds will be raised:

Provide approximate timelines of the event:

How can the Foundation help?

Most Common Requests:

- *Permission to use Foundation Name & Logo Assistance with design of promotional materials/flyers
- *Promotion of event in Foundation communications & marketing materials (including social media & website)
- *Attendance by Foundation representative

Financial Information

Receipt Eligibility:

- *Donations/pledges of \$20+ given freely are eligible for an official tax receipt. Freely indicates that the donor may not receive any benefit from this gift (e.g. sponsorship, tickets for an event, etc.)
- *Businesses often prefer not to get a receipt and instead write off the gift as a marketing expense. For most businesses that has a better return on their investment.
- *Gifts of time/service cannot be issued a tax receipt.

Please note that all gifts can be acknowledged but not all gifts can receive a charitable tax receipt.

For more information you can access Canada Revenue Agency's "What is a Gift?" page <http://www.craarc.gc.ca/chrts-gvng/chrts/prtng/gfts/whts-eng.html/>

Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

Foundation Approval: _____ **Date:** _____