



## COMMUNITY FUNDRAISING EVENT APPLICATION

Thank you for considering Royal Inland Hospital Foundation when planning your event. If you would like to plan a Community Event or Fundraising Program to support RIH Foundation, please complete and submit this form to:

Royal Inland Hospital Foundation  
**ATTENTION:** Communication & Resource Development Associate  
311 Columbia Street, Kamloops, BC V2C 2T1  
**Fax:** (250) 314-2362 **Email:** [rihf@interiorhealth.ca](mailto:rihf@interiorhealth.ca)

We will contact you directly to further discuss your event. If you have any questions regarding this application, please contact Jenna Vanderburgh at (250) 314-2160.

### CONTACT INFORMATION

\_\_\_\_\_  
Event Organizer

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

### PROPOSED EVENT INFORMATION

\_\_\_\_\_  
Name of Event

\_\_\_\_\_  
Event Date(s) & Time

\_\_\_\_\_  
Event Location

\_\_\_\_\_  
Expected Number of Participants

**Frequency of Event:**    One-time    Ongoing    Annual

**Target Market:**    Family/Friends    Members/Customers    General Public    Other:

### FUNDRAISING

**Will other organizations benefit from this event?**

No    Yes, funds will also be donated to:

**Will individual tax receipts be required?** (Please note that tax receipts can only be issued for \$20 and up as well as they cannot be issued if the purchaser is receiving something of equal or greater value in return)  Yes  No

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

**Source(s) of Revenue (check all that apply):**  Ticket Sales  Cash Donations  Pledges  
 Raffle  Live/Silent Auction  Merchandise  
 Sponsorship  Other (specify):

## PROPOSED BUDGET

**Total Expected Income (e.g. donations, auction, ticket sales, food & beverage sales, etc):** **A. \$**

**Expenses (include advertising, food, entertainment, rentals, photographer, etc):** **B. \$**

**Anticipated Net Proceeds to be donated to RIHF** **C. \$**

**\*Please Note:** In an effort to maintain transparency to our donors and integrity within the community, we recommend that any event held in support of RIHF not have expenses that exceed 50% of gross proceeds. **Event expenses, event insurance and any permits and/or licenses are the sole responsibility of the event organizer.**

## EVENT PROMOTIONAL INFORMATION

**Do you plan to use Royal Inland Hospital Foundation's name in your advertising and promotions?**  Yes  No

**\*Please Note:** RIH Foundation must approve all materials using the name or logo of the Foundation or Royal Inland Hospital prior to release.

**Do you require any of the following RIHF promotional materials? (Check all that apply):**

Sample Pledge Form  Banner  Event on RIHF website  
 RIHF Brochures  Sandwich Boards  Other (specify):

## COMMUNITY EVENT AGREEMENT

I, \_\_\_\_\_, of \_\_\_\_\_ (Event Organizer), agree to:

- Portray a positive, credible public image on behalf of Royal Inland Hospital Foundation (RIHF) while conducting all activities related to this event.
- Obtain authorization from RIHF for the use of its name and logo in all promotional materials related to this event prior to release.
- Cover all costs associated with the event
- Handle all monetary transactions, and present the proceeds to RIHF in a timely manner.
- Submit donors' title, full name, address, phone number, and donation amount to RIHF to issue charitable tax receipts. Incomplete or illegible information will result in no receipt.
- Provide appropriate staffing and volunteers for the event.
- Use Event Organizer's own mailing list for the event.
- Obtain all necessary licenses, permits, and insurance required.
- Notify RIHF prior to event day of any changes or cancellations.
- Have an awesome event!!!!

Royal Inland Hospital Foundation agrees to:

- Not incur any cost or liability associated with this event.
- Reserve the right to withdraw the use of its name and logo in association with this event at any time.
- Recognize the event and donation in accordance with our donor recognition policies.

\_\_\_\_\_  
Event Organizer (Print)

\_\_\_\_\_  
Event Organizer Name (Signed)

\_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_  
RIHF Representative (Print)

\_\_\_\_\_  
RIHF Representative Name (Signed)

\_\_\_\_\_  
mm/dd/yyyy