

COMMUNITY EVENT REGISTRATION FORM

Thank you for your signing up to fundraise for Perley Health Foundation! Volunteer organizers and service clubs help Perley Health ensure that excellent resident care, comfort, safety and services are always available for the seniors and Veterans who call Perley home.

To fully understand your event, we request that you complete this form and return it to the address above. Once received, a member of the Foundation team will contact you within 3-5 business days to discuss your event. Perley Health Foundation reserves the right to approve all Community Events at our discretion. The event cannot be promoted as a fundraiser for the Foundation until the event has been approved.

CONTACT INFORMATION

Salutation: Dr. Mr. Mrs. Ms.

Name:

Mailing Address:

City: _____ Province: _____ Postal
Code: _____

Telephone:

E-Mail:

Category that best describes you: individual, community, corporate, school, service club

Organization Name (if applicable):

Please share with us why you chose to support Perley Health:

EVENT INFORMATION

Name of Event:

Date: _____ Time: _____

Location:

Expected number of participants: _____ Event Type: one-time, ongoing, annual

Brief Description:

How will the funds be raised? (ie. donations, ticket sales, silent auction etc.):

Please fill out the following information to the best of your ability. We recognize that not all fields will be applicable to all events.

FINANCIAL INFORMATION

Please provide us with your best estimates of the following general budget information:

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

B. Expenses (include costs such as advertising, food, entertainment, rentals, etc.) \$ _____

C. Anticipated Revenue: (A – B = C) \$ _____

Please note: Perley Health Foundation cannot accept any responsibility for any event costs and encourages the organizers to seek donated goods and services to offset any costs incurred.

Will you be securing sponsors for your event? Yes No. If yes, please list the sponsors (prospective/ confirmed):

Will you be engaging in any gaming activities? If so, please provide permit number:

Lottery Bingo Other:

Would you like tax receipts issued for your fundraising activity? Yes No

EVENT PROMOTION

How are you planning on promoting your event? (Facebook, Twitter, blog, website, etc.):

Would you like this event listed on www.perleyhealthfoundation.ca? Yes No

Would your event benefit from an online fundraising page? Yes No

What event promotion or support items are you requesting from the Foundation?

Banner: _____ Donation Cards: _____ (Quantity required)

Newsletters: _____ (Quantity required) Donation Boxes: _____ (Quantity required)

Are you requesting a Perley Health Foundation representative to attend? Yes No

If yes, what role are you asking them to fill, subject to availability and based on event-specific details? (Speak at event? Greeter to welcome guests? Present the fundraising total with a big cheque? etc.): _____

FUNDRAISING AGREEMENT

- Portray a positive and credible image on behalf of the Foundation while conducting all activities related to the community event.
- Provide Perley Health Foundation with all net proceeds from the event along with complete contact information for those donations that qualify for a tax receipt. Note donations received during the event cannot be used to offset the cost of the event.
- Obtain all necessary permits, licenses and insurance in accordance with local event by-laws.
- If the proceeds of the event are restricted, note that 20% of all Community Event proceeds are subject to be allocated to the Foundation's highest priority needs, disbursed at the discretion of the Executive Director of the Foundation.
- Obtain authorization for the use of Perley Health Foundation name and logo in any event materials. The Foundation reserves at any time, the right to withdraw the use of its name.
- All event materials that include a solicitation must disclose the purpose for which the funds are being raised, and Perley Health Foundation's name and contact information. In addition, please ensure that the Perley Health Foundation charitable registration number (12194 8038 RR0001) is on all event materials.
- Should the fundraiser be cancelled, the organizer will notify the Perley Health Foundation prior to the planned event day.
- Understand that Perley Health Foundation must strictly follow guidelines set by the Canada Revenue Agency (CRA) and cannot issue charitable tax receipts for community events in every circumstance.

POST-EVENT INFORMATION

In order to process your offline donations most effectively, we ask that all proceeds be submitted along with the key event details no later than three weeks from your event date. Cheques should be made out to: Perley Health Foundation.

The event organizers will not retain any private donor information, including name, address, telephone number, donation amount, and payment information. Please send all records to the Perley Health Foundation.

QUESTIONS?

If you need any additional information, please contact us at 613-526-7173 or foundation@perleyhealth.com.

ABOUT PERLEY HEALTH

Perley Health is a community where over 600 Seniors and Veterans thrive – from independent living to long-term care. We support each resident with a person and family-centric approach to the continuum of care to improve not only their physical well-being but their mental and emotional health, too.

Our commitment to empowering Seniors and Veterans to reach their full potential is a pledge without bounds. We actively invest in research and new methodologies in frailty-informed care

and share our findings, best practices, and breakthroughs with the greater community – so we can help all Seniors live life to the fullest.

Please sign here to indicate agreement with all above information.
