



HEART HOUSE

H O S P I C E

EVENT PROPOSAL FORM

Today's Date _____

Organizer's Name: _____

E-mail _____

Phone Number: _____

Address: _____

City/Province/ Postal Code _____

Why have you decided to raise funds for Heart House Hospice? _____

Do you have a previous relationship with the Hospice? _____

Name of Proposed Event _____

Event Date and Time _____

Location of Event _____

Expected # of attendees _____

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

Have you established a committee for your event? _____

If yes, please provide full names - _____

Does everyone involved in planning the event understand and agree that all promotional materials for the event must be approved by Heart House Hospice prior to publishing and posting? YES NO



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Proposed Budget: All event expenses are to be paid through event proceeds or paid directly by event organizer. Please list all revenue and expenses. Please indicate if you expect them to be donated.

Revenue		Expenses	
Sponsorship	\$ _____	Location	\$ _____
Registration Fees	\$ _____	Food/Beverage	\$ _____
Ticket Sales	\$ _____	Printing	\$ _____
Donations	\$ _____	Advertising	\$ _____
Silent Auction/Raffle Etc	\$ _____	License Fees	\$ _____
Other (Please specify)	\$ _____	Other (Please Specify)	\$ _____
	\$ _____		\$ _____
Total Revenue	\$ _____	Total Expenses	\$ _____
		Total Profit (Revenue minus Expenses)	\$ _____

Do all parties involved understand and agree that Heart House Hospice will not be responsible for any expenses incurred as a result of the proposed event? YES NO

Is anyone else or another charity receiving funds from your activity/ event? If yes, what percentage will Heart House Hospice receive? _____

Does everyone involved agree that Heart House Hospice will receive all net revenues from the event within 30 days of the event and will incur no costs from the event? YES NO

Does your activity/event require tax receipts? YES NO

I have read and understood the Event Proposal Form and the Event Tool Kit and Guidelines. I am aware of the types of support the Hospice is able to offer me as well as the areas in which the fundraising department is not able to assist me with this event.

Signature of Applicant: _____

Please Print Name: _____

Date: _____

Please complete, sign and return the event proposal form to the address below or email.

Heart House Hospice
1-855 Matheson Blvd. East, Mississauga ON L4W 4L6
Attention: Shelley Maynard, Coordinator of Fundraising
smaynard@hearthousehospice.com