



Fundraising activity Proposal For the benefit of the CHU Dumont Foundation

Thank you for choosing to organize a fundraising event for the CHU Dumont Foundation!

As an organizer, please complete this form so that your event is recognized as an official fundraising activity for the CHU Dumont Foundation.

A member of our team will quickly contact you to discuss the details of your project and offer you support towards its realization. Please note that any project must be approved by the Foundation prior to taking any steps towards its organization.

Examples:

- Benefit event (show, activity in a school setting, garage sale, etc.)
- Donation of a portion of the profits (in percentage or fixed amount) on a service or product sale.

General Information			
Name of person or organization			
Contact person			
Address		City	
Province		Postal Code	
Email			
Office Telephone		Home Phone	
Organizing Committee Members			

IN THE FOLLOWING PAGES, PLEASE FILL SECTION (S) A or/and B, DEPENDING ON THE NATURE OF YOUR PROJECT.

A – Information about the activity			
Proposed activity			
Activity date	___/___/___	Time	
Where			
Address		City	
Province		Postal Code	
Activity description			
Budget ¹			
Income (please fill in the areas that apply to your event)			
Ticket price	\$	X Number of participants	\$
Silent auction / Expected donations / Pledges		\$	
Sponsorships	\$		
Total	\$		
Expenses ²			
Space rental	\$		
Security	\$		
Food, drinks, alcohol	\$		
Communication	\$		
Event Publicity / Promotion	\$		
Permit cost (http://www.snb.ca/e/0001e.asp)	\$		
General supplies (decor, raffle tickets, etc.)	\$		
Other, please specify: _____	\$		
Total	\$		
TOTAL INCOME – TOTAL EXPENSES	\$		
Is there another organization receiving part of the donations from this event? If so, please indicate the name of the organism and the percentage given to each.			
Comments			

¹ This is an estimated budget. The organizers are not liable for the sums mentioned.

² The expenses must be paid from the income of the activity or by its organizers.

B – Donation of a portion of the profits on a service of product sale

Product or service description			
Activity start date	___ / ___ / ___	Activity end date	___ / ___ / ___
Where			
Address		City	
Province		Postal Code	
Percentage or fixed amount donated from each sale	\$		
Estimated sales (total quantity)	\$		
Unit cost of the product or service	\$		
Estimated revenues donated to the Foundation	\$		

Partnership Conditions

- It is understood and agreed that any event must be approved in advance by the CHU Dumont Foundation. No project can take place without the permission of the Foundation. Approval of the project is limited to its duration. A new application must be submitted for each subsequent edition.
- The Foundation will not provide advanced funds nor provide staff for the realisation of the project and is not responsible for the project itself as well as the commitments made by those responsible.
- Any communication tool, advertising and promotional material as well as any use of the Foundation's name or logo must be approved by the Foundation prior to its production or distribution.
- The activity will be held in accordance with applicable laws and will not affect the reputation of the CHU Dumont Foundation.
- The choice of a public personality as spokesperson for the event must be approved by the Foundation before the event's organizing committee attempts solicitation.
- The Foundation reserves the right to withdraw its approval of the activity at any time.
- No door-to-door solicitation is authorised.
- The benefits of the activity accompanied by all the information related to the issuance of receipts for tax purposes as well as a balance sheet of the event must be handed in no later than 30 days after its end date.
- The Foundation will be indemnified against loss, liability, claims, lawsuits and damages, including the costs of its defence, if any, that it will suffer or that will be claimed in connection with the event.

I, the undersigned, acknowledge having read and understood all the elements mentioned previously and fully accept them all.

Name (printed): _____

Signature: _____

Date: _____

For more information:

CHU Dumont Foundation

330 University Avenue

Moncton (NB) E1C 2Z3

Telephone: 1-800-862-6775 or 506-862-4285

Email: info@fondationdumont.ca