

# RIVERSIDE FOUNDATION FOR HEALTH CARE

## FUNDRAISING EVENT APPLICATION

BUSINESS NAME:	
ADDRESS:	Street or P.O. Box or R.R. <span style="float: right;">Telephone</span>
	City <span style="margin-left: 100px;">Province</span> <span style="float: right;">Postal Code</span>
CONTACT PERSON:	Name <span style="margin-left: 100px;">Position</span> <span style="float: right;">Telephone</span>
EVENT CHAIRPERSON:	Telephone:

DESCRIPTION OF EVENT:	

DATE/TIME OF EVENT:	
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LOCATION OF EVENT:	
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PROJECTED REVENUE AND EXPENSES:			
<b>A: PROJECTED REVENUE</b> Sponsorships _____ Ticket Sales _____ Other _____ _____ _____	<b>B. PROJECTED EXPENSES (if applicable)</b> Rental _____ Food/Beverage _____ Advertising _____ Printing _____ Other _____ _____		
Projected Total Revenue	A	\$	
Projected Total Expenses	B	\$	
FUND RAISING GOAL (A-B)		\$	

HOW WILL TICKETS FOR THIS EVENT BE PRODUCED, DISTRIBUTED, SOLD AND TRACKED?

WHAT PERSONS/GROUPS/ORGANIZATIONS WILL BE APPROACHED TO SUPPORT THIS EVENT?

WILL ANY OTHER CHARITABLE ORGANIZATIONS BE INVOLVED IN THE EVENT?  
IF YES, IDENTIFY OTHER ORGANIZATIONS.

NAMES OF VOLUNTEERS HELPING WITH THIS EVENT? (add additional sheet or see over)

HOW WILL THE EVENT BE ADVERTISED? ON WHAT DATES?  
Include a copy for all electronic media and print advertising.

I have read the attached Special Event Guidelines and will comply with these as set by the Riverside Foundation for Health Care. I further understand that the return of this application signed by authorized Foundation personnel indicates approval to proceed with this project in support of the Riverside Foundation for Health Care. It is also agreed that funds raised from this event along with a report of actual revenue and expenses will be turned over to the Riverside Foundation for Health Care within 30 days of the event.

SIGNATURE  
OF APPLICANT

DATE:

AUTHORIZED  
FOUNDATION  
SIGNATURE

DATE:

Please mail completed application to:

Riverside Foundation for Health Care  
110 Victoria Avenue  
Fort Frances, ON P9A 2B7  
PH: (807)274-4803  
FAX: (807)274-2898

Please attach additional sheet if necessary.

## RIVERSIDE FOUNDATION FOR HEALTH CARE FUNDRAISING EVENT REPORT

**Note:** This report is to be filed upon completion of the event as outlined in the Riverside Foundation for Health Care's Fundraising Event Application form and returned to the Riverside Foundation for Health Care along with the funds raised within 30 days of the event.

DESCRIPTION OF EVENT: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

NAME & ADDRESS  
OF CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### REPORT OF ACTUAL REVENUE AND EXPENSES:

A: ACTUAL REVENUE

Sponsorships \_\_\_\_\_

Ticket Sales \_\_\_\_\_

Other \_\_\_\_\_

TOTAL REVENUE:

B. ACTUAL EXPENSES

Rental \_\_\_\_\_

Food/Beverage \_\_\_\_\_

Advertising \_\_\_\_\_

Printing \_\_\_\_\_

Raffle License \_\_\_\_\_

Other (please \_\_\_\_\_

describe) \_\_\_\_\_

TOTAL EXPENSES:

TOTAL NET REVENUE &  
PROCEEDS TO RIVERSIDE  
FOUNDATION FOR HEALTH  
CARE (A-B):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail cheque or money order of funds raised and completed report to:  
Riverside Foundation for Health Care  
110 Victoria Avenue  
Fort Frances, ON P9A 2B7  
Phone: (807)274-4803

**THANK YOU FOR YOUR SUPPORT**