



Third Party Event Proposal Form

To register your event, please complete the following form and return to:

Prince Edward County Memorial Hospital Foundation

403 Main St. E, Picton, ON, K0K 2T0

613-476-1008 ext. 4502

info@pecmh.ca

Name of Individual/Company planning the event: _____

Contact Name: _____

Mailing Address: _____

E-mail Address: _____

Telephone: _____

Type/Name of Event: _____

Proposed Date and Time: _____

Location of Event: _____

How will funds be raised? Example: ticket sales, raffles, pledges, etc.

Expected revenue: \$_____ This event is (by invitation only) (open to the public)

Are there any other beneficiaries besides the PECMH Foundation: YES NO

If yes, please note who the beneficiary is and the percentage designated to each organization: -

All costs associated with your event are the responsibility of your organizing committee. These costs are usually covered by the event proceeds or paid directly by the event organizer. The PECMH Foundation cannot be held responsible for costs incurred related to the event.

Do you agree the PECMH Foundation will receive the net revenue, assigned as above, from the event within 30 days of the event?

YES NO

Do you require PECMH Foundation promotional materials at the event?

YES NO

If yes, please indicate approximate numbers: _____

Do you require a copy of the PECMH Foundation logo for your promotional materials?

YES NO

Do you agree to submit all publicity for the proposed event to be approved by the PECMH Foundation office prior to being released or printed?

YES NO

Date expected: _____

The name of your event may identify the relationship with the PECMH Foundation such as the “Jane Doe Bake Sale” in support of the PECMH Foundation, but do not incorporate the Foundation’s name as in “PECMH Foundation Jane Doe Bake Sale”.

Would you like a PECMH Foundation representative to speak at your event? (subject to availability)

YES NO

The Foundation office is pleased to provide tax receipts for eligible gifts made to the Foundation as a result of your event. Will your event require tax receipts for donors?

YES NO

Do you require promotion of your event through the Foundation’s communication vehicles? An example of this would be advertised on our website and social media pages.

YES NO

Please sign and return this form. We will contact you right away.

I, _____ agree on behalf of _____ that I understand these guidelines supplied by the PECMH Foundation and my responsibilities as a third party event host pertaining to the compliance of Canada Revenue Agency guidelines. I promise to abide and adhere to all statements made in the stated guidelines and attest the information provided on this form is correct and accurately describe the proposed event.

Name: _____

Signature: _____ Date: _____

**OUR THANKS FOR CARING ABOUT YOUR HOSPITAL
AND GIVING THE GIFT OF YOUR TIME AND TALENTS!**

For internal use only:

Date received: _____ Received by: _____

Approved: YES NO

Signature: _____