



GROVES HOSPITAL FOUNDATION  
*Independent Community Event Information Form*

Tell us about your event:

Name of proposed event: \_\_\_\_\_

Nature/theme of proposed event: \_\_\_\_\_

Date of event: \_\_\_\_\_ Location of event: \_\_\_\_\_

Contact information:

Name of Individual/Group/Company Planning event: \_\_\_\_\_

Name/Title of individual responsible: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Event Plan**

What price will be charged for this event?

How many people do you expect to attend the event?

Who is your target audience to attend and support the event?

How will the event be promoted in the Community?

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

Provide approximate timelines of the event:

### **How can the Foundation help? Most Common Requests**

- \*Permission to use Foundation Name & Logo Assistance with design of promotional materials/flyers
- \*Promotion of event in Foundation communications & marketing materials
- \*Guidance and suggestions for event planning/management
- \*Attendance by Foundation representative

### **Financial Information**

Receipt Eligibility:

\*Cash donations given freely are eligible for an official tax receipt. Freely indicates that the donor may not receive any benefit from this gift (e.g. sponsorship, tickets for an event, etc.)

\*Businesses often prefer not to get a receipt and instead write off the gift as a marketing expense. For most businesses that has a better return on their investment.

\*Gifts-in-kind may be eligible for an official tax receipt but requires evidence to support the gift value and the gift must be worth more than \$150.

\*Gifts of time/service cannot be issued a tax receipt.

Please note that all gifts can be acknowledged but not all can receive a charitable tax receipt.

For more information you can access Canada Revenue Agency's "What is a Gift?" page <http://www.craarc.gc.ca/chrts-gvng/chrts/prtng/gfts/whts-eng.html>

Name of Applicant: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Foundation Approval: \_\_\_\_\_ Date: \_\_\_\_\_