

Thank you for your interest in supporting UHN Foundation. We are honoured to be the beneficiary of your fundraiser and are excited to learn more and support you along the way to ensure its success!

Please complete this community fundraising proposal form and return it to UHN Foundation ([events@uhn.ca](mailto:events@uhn.ca)) at least 30 days prior to your proposed fundraising event. Completion of this form does not guarantee approval. We will review this form and follow up with any questions or concerns that may arise. Once approved, you will receive an approved signed copy for your records, allowing you to proceed with organizing and publicizing your fundraiser.

Date of application: \_\_\_\_\_

### Organizer details

Primary contact: \_\_\_\_\_

Group/Company planning fundraiser (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

### Proposed fundraiser details

To help us learn more about your proposed fundraiser, please provide us with some details below.

Name of fundraiser: \_\_\_\_\_

Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Event venue: \_\_\_\_\_

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

Expected number of participants: \_\_\_\_\_

Please provide a brief description of this fundraiser: \_\_\_\_\_

What was the inspiration for this fundraiser? \_\_\_\_\_

Are you hoping to make this an annual fundraiser?  Yes  No

### UHN Foundation involvement

Would you like representative(s) from UHN Foundation to attend your fundraiser?  Yes  No  
*Subject to availability*

Please provide details: \_\_\_\_\_

Will you require UHN Foundation's name and/or logo for promotional materials?  Yes  No  
*Note: UHN Foundation must approve of the use of our name and/or logo on all materials.*

Please provide details: \_\_\_\_\_

Will you require UHN Foundation online tool (ticketing or donation page)?  Yes  No  
*Note: All funds received through a UHN Foundation online tool will be deposited directly into the event fund and cannot be used to pay for event expenses.*

Please provide details: \_\_\_\_\_

### Financial details

What is your fundraising goal? \_\_\_\_\_

How will funds be raised for UHN Foundation? (select all that apply)

Sponsorships  Registration fees  Tickets  Donations

Other (please explain): \_\_\_\_\_

Would you like the funds raised to support the highest priority needs of Toronto General Hospital, Toronto Western Hospital, Toronto Rehab, the Michener Institute for Education or designated to a specific program?

Highest priority needs  Other (please specify): \_\_\_\_\_

Will you require tax receipts for this fundraiser?  Yes  No  
*(Subject to approval by UHN Foundation and compliance with Canada Revenue Agency guidelines)*

## Proposed fundraiser budget

Please estimate all revenue and expenses you expect to incur for your fundraiser. Be sure to include any items you expected to be donated (if any).

*Note: All expenses are to be paid directly by the fundraiser.*

### Revenue

Sponsorships \$ \_\_\_\_\_  
Registration fees \$ \_\_\_\_\_  
Ticket sales \$ \_\_\_\_\_  
Donations \$ \_\_\_\_\_  
Ancillary fundraising \$ \_\_\_\_\_  
(silent/live auction, etc.)

### Expenses

Venue \$ \_\_\_\_\_  
Food & beverage \$ \_\_\_\_\_  
Prizes \$ \_\_\_\_\_  
Marketing/Advertising \$ \_\_\_\_\_  
Print (tickets, posters, etc.) \$ \_\_\_\_\_  
License fee \$ \_\_\_\_\_  
Security \$ \_\_\_\_\_  
Other (please specify) \$ \_\_\_\_\_

**TOTAL REVENUE** \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

**NET PROCEEDS to UHN Foundation** \$ \_\_\_\_\_

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It is important to note that while we strive to support as many initiatives as possible, we may not be able to endorse every fundraising event. To ensure alignment and a positive outcome for all involved, UHN Foundation will consider the following criteria:

1. Have you provided sufficient information in your application?
2. Does your fundraiser conflict with any UHN Foundation values, goals or policies?
3. Does the time of your fundraiser work with our current event schedule?

For any inquiries regarding this form or your fundraising event, please contact [events@uhn.ca](mailto:events@uhn.ca)

### FOR FOUNDATION USE ONLY

Approved by: \_\_\_\_\_ Date approved: \_\_\_\_\_  
Vice President, Events

**Thank you for your generosity and support of University Health Network (UHN), Canada's #1 hospital.**  
**With your help, we can redefine the world of health care.**