



**Burnaby  
Hospital  
Foundation**

# **COMMUNITY FUNDRAISING FORMS**

Updated May 2019



## Registration Information

### Step 1: Pre-event

Please sign and return a copy of the **3<sup>rd</sup> Party Event Policies & Guidelines** page, along with a completed copy of the **Registration Form** prior to your event, to obtain approval from the Foundation.

### Step 2: Post-event

Please provide details for each donation collected on the **Donation Summary Section**. If you cannot fit this information onto one page, please print additional Donation Summary pages or make photocopies of the original provided.

### Step 3: Post-event

Once completed, please forward the **Donation Summary Section** and complete **Financial Summary Form** along with the corresponding donations, to the attention of Sydney Ednie:

Burnaby Hospital Foundation  
3935 Kincaid Street,  
Burnaby, BC  
V5G 2X6

Hand delivery of the Donation Summary Form and donations is encouraged. If you are unable to deliver these items in person you can mail them, but please remember to not put any cash in the mail. Should you have any questions, please don't hesitate to call us at 604-431-2881.



## Registration Form

(Pre event)

|                       |  |
|-----------------------|--|
| <b>Name</b>           |  |
| <b>Contact Number</b> |  |
| <b>Email</b>          |  |
| <b>Event Name</b>     |  |
| <b>Event Date</b>     |  |
| <b>Event Details</b>  |  |

By completing and signing the Registration Form and the Community Fundraising Guidelines & Policies page I agree to adhere by the guidelines and policies set out by Burnaby Hospital Foundation. I agree to have all proceeds from my Community Fundraising event to be submitted to Burnaby Hospital Foundation within six weeks of my event's completion.

**Signature of Event Coordinator:** \_\_\_\_\_

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

**BHF Staff Member Signature:** \_\_\_\_\_

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



## **3<sup>rd</sup> Party Event Policies & Guidelines**

### **(Pre event)**

Burnaby Hospital Foundation takes great pride in community engagement fundraising activities. Our goal with these events is not only to raise funds in support of patient care and comfort, but to create awareness for the Foundation.

1. Written permission through the Foundation is required for use of Burnaby Hospital Foundation's name or logo for publicity, promotion and fundraising purposes.
2. Unless written permission was given, all volunteer and staffing at third party events is to be provided by the event, not by the Foundation. The Foundation cannot guarantee specific hospital or Foundation staff attendance and/or participation at the event.
3. Burnaby Hospital Foundation will incur no costs associated with special events unless previously agreed to over written consent from the Foundation office with approval from the CEO.
4. The Foundation is not responsible or liable for external fundraising events. Donations collected at any independent fundraising events may not be used to offset any event expenses, as per CRA rules and regulations.
5. Burnaby Hospital Foundation does not obtain permits, insurance or licenses on behalf of an independent fundraising event organizer.
6. All advertising and promotional material is to be approved through the Foundation's marketing team prior to publicizing.
7. Burnaby Hospital Foundation does not provide any mailing lists, media contacts, sponsor information or donor information. The Foundation has strict privacy guidelines to protect the confidentiality of our donors. However, we can help identify appropriate audiences for your event.
8. All event proceeds are to be presented to Burnaby Hospital Foundation within six weeks of the fundraising event unless otherwise stated in a written document from the Foundation office.
9. The Foundation does not partner nor support events that go against our core values and mission. We do not participate in any events that could be perceived as offensive, or discriminatory against gender, race, ethnic background, age, physical ability, religious background, sexual orientation and economic status.

**Signature of event coordinator:** \_\_\_\_\_

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

**BHF Staff Member Signature:** \_\_\_\_\_

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



## Donation Summary Section

|                |
|----------------|
| Name of Event: |
|----------------|

|   |                   |              |
|---|-------------------|--------------|
| Donor Name (first and last name):                     |                   |              |
| Address:  | City:             | Postal Code: |
| Tel:  | Email (optional): |              |
| <b>Amount Donated \$</b>                              | Cash              | Cheque       |
| Tax Receipt Required (for donations of \$20 or more): | Yes               | No           |

|   |                   |              |
|---|-------------------|--------------|
| Donor Name (first and last name):                     |                   |              |
| Address:  | City:             | Postal Code: |
| Tel:  | Email (optional): |              |
| <b>Amount Donated \$</b>                              | Cash              | Cheque       |
| Tax Receipt Required (for donations of \$20 or more): | Yes               | No           |

|   |                   |              |
|---|-------------------|--------------|
| Donor Name (first and last name):                     |                   |              |
| Address:  | City:             | Postal Code: |
| Tel:  | Email (optional): |              |
| <b>Amount Donated \$</b>                              | Cash              | Cheque       |
| Tax Receipt Required (for donations of \$20 or more): | Yes               | No           |

|   |                   |              |
|---|-------------------|--------------|
| Donor Name (first and last name):                     |                   |              |
| Address:  | City:             | Postal Code: |
| Tel:  | Email (optional): |              |
| <b>Amount Donated \$</b>                              | Cash              | Cheque       |
| Tax Receipt Required (for donations of \$20 or more): | Yes               | No           |



## FINANCIAL SUMMARY FORM

(Pre event)

|                       |                   |
|-----------------------|-------------------|
| <b>Name of Event:</b> | <b>Date Held:</b> |
| <b>Contact Name:</b>  |                   |
| <b>Tel:</b>           | <b>Email:</b>     |
| <b>Cell:</b>          |                   |

|  |    |           |
|--|----|-----------|
| <b>Event Revenue</b>                                     |    |           |
| *Donations   | \$ |           |
| Ticket Sales   | \$ |           |
| Product Sales  | \$ |           |
| Other:   | \$ |           |
| Other:   | \$ |           |
| <b>Total Revenue:</b>                                    |    | <b>\$</b> |
| <b>Expenses</b>  |    |           |
| Description:   | \$ |           |
| Description:   | \$ |           |
| Description:   | \$ |           |
| Description:   | \$ |           |
| Description:   | \$ |           |
| Description:   | \$ |           |
| Description:   | \$ |           |
| <b>Total Expenses:</b>                                   |    | <b>\$</b> |
| <b>Net Revenue (total revenue minus total expenses):</b> |    | <b>\$</b> |
| <b>Amounts submitted to Burnaby Hospital Foundation:</b> |    | <b>\$</b> |

**Please submit event proceeds within 6 weeks of your event to:**

Burnaby Hospital Foundation | 3935 Kincaid St., Burnaby, BC V5G 2X6  
Tel: 604-431-2881

Thank you for supporting Burnaby Hospital;  
your efforts are greatly appreciated!