



Bruce Peninsula Hospice

Bruce Peninsula Hospice Third Party Fundraiser Application Form

*Thank you for your interest in supporting Hospice Palliative Care through Third Party Event Fundraising.
Please complete the following form and submit to BPH at least one month prior to your event*

General Information

Sponsoring Agency/Individual/ Organization: _____

Type of Organization: Service Club Business Church Other

Contact Name: _____

Address: _____

City: _____ Postal Code: _____

Day Telephone: _____ Cell: _____

Email Address: _____

Event Information

Name of Fundraising Activity: _____

Date of Event: _____

Location: _____

Target Audience: _____

Briefly Describe Fundraising Event/Activity: _____

Fundraising Goal: _____ Expenditures: _____

(Please complete detailed budget for your event on the reverse)

of expected Participants/Attendees: _____

Promotional Materials

Bruce Peninsula Hospice can provide the following promotional materials and assistance upon request at no cost. Please check the items of interest and contact us to make delivery or pick up arrangements.

____ BPH Organization Brochures # _____

____ Donation Envelopes # _____

____ Pull up Banner (to be returned to BPH after event)

Do you require event day volunteer support from BPH volunteers ____ Yes ____ No

If yes, how many volunteers: _____

Please provide the names and phone numbers of two references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Third Party Event Budget and Financial Information

Name of Event: _____

Revenue Anticipated:

Revenue Source	Amount
Total	\$

(please provide details, for example: # of attendees x ticket price of \$X.XX.)

Expenditures Anticipated:

Type of Expenditure	Amount
Total	\$

Total Amount Anticipated to be received by Bruce Peninsula Hospice: _____

Does your Event Require Tax Receipts (Please note that tax receipts cannot be issued under every circumstance) ___ Yes ___ No

Will the amount raised be matched by another individual, organization or business?
___ Yes ___ No

Will other charitable organizations benefit from this event? If yes, please name.
___ Yes ___ No Name: _____

I have read and understood Bruce Peninsula Hospice's Third Party Event Guidelines

Submitted by: _____

Signature: _____

Date: _____

Received at BPH by: _____

Date: _____

Please return to Bruce Peninsula Hospice at: 369 Mary St. Warton ON, N0H 2T0 or by fax at 519-534-5159 or email to info@bphospice.ca