

# THIRD PARTY FUNDRAISING Application



**Halton Women's Place**  
*Healthy Relationships • Healthy Communities*

CONTACT NAME

ORGANIZATION / BUSINESS

MAILING ADDRESS

TELEPHONE

EMAIL

EVENT NAME

EVENT DATE

EVENT TIME

EVENT LOCATION

SOCIAL MEDIA PAGES

WEBSITE:



BRIEFLY DESCRIBE YOUR EVENT:

PROPOSED BUDGET

PROPOSED BUDGET PLEASE LIST ALL EXPENSES AND INDICATE IF ANY ARE BEING DONATED. PLEASE NOTE ALL EXPENSES ARE TO BE PAID OUT FROM THE PROCEEDS AND PAID BY THE EVENT ORGANIZER. THIS PORTION OF THE FORM MUST BE COMPLETED IN ORDER TO GAIN APPROVAL.

COSTS: (LOCATION, PRINTING, PRIZING, FOOD/BEVERAGES, ADVERTISING, OTHER)

PROJECTED TOTAL COSTS:

INCOME: PLEASE LIST HOW INCOME WILL BE GENERATED BY YOUR PROPOSED EVENT/ACTIVITY.

PERCENTAGE OF REVENUE TO BE DONATED TO HWP:

**\*REQUIRED**

PROJECTED TOTAL REVENUE DONATED TO HWP:

DATE YOU EXPECT TO SEND IN THE FUNDS RAISED TO HWP:

HOW YOU WILL BE MAKING THE DONATION:

CHEQUE  CASH  ONLINE DONATION / CREDIT CARD

MARKETING/ADVERTISING: (PLEASE DESCRIBE PROPOSED PUBLICITY FOR THE EVENT)

## HWP SUPPORT:

HALTON WOMEN'S PLACE HAS LIMITED STAFF AND VOLUNTEER RESOURCES, BUT WOULD BE PLEASED TO OFFER SUPPORT AND ASSISTANCE. WHAT SUPPORT DO YOU ANTICIPATE FROM HALTON WOMEN'S PLACE?

### THIS EVENT REQUIRES:

- USE OF HALTON WOMEN'S PLACE NAME
- HIGH-RESOLUTION VERSION OF HWP LOGO
- PROMOTION VIA HALTON WOMEN'S PLACE SOCIAL MEDIA
- PRINTED MATERIAL RELATED TO HALTON WOMEN'S PLACE
- CHEQUE PRESENTATION/PHOTO OP AFTER EVENT

### WOULD YOU LIKE A REPRESENTATIVE FROM HWP ATTEND THE EVENT TO SPEAK?

- YES  NO

IF YOU HAVE REQUESTED A REPRESENTATIVE, PLEASE CONFIRM THE FOLLOWING INFORMATION:

- WHAT TIME WOULD YOU LIKE THEM TO ARRIVE?
- HOW LONG WOULD YOU LIKE THEM TO SPEAK?

\*PLEASE NOTE THAT WE CANNOT GUARANTEE A STAFF MEMBER WILL ATTEND, BUT WE WILL DO OUR BEST TO SEND A REPRESENTATIVE.

### DON'T FORGET TO TAG HWP:

WEBSITE: [WWW.HALTONWOMENSPLACE.COM](http://WWW.HALTONWOMENSPLACE.COM)

 @HALTONWOMENSPLACE

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 HALTON WOMEN'S PLACE

PLEASE RETURN THIS FORM VIA EMAIL TO

KAITLIN MCKENNA  
DEVELOPMENT OFFICER  
KMCKENNA@HALTONWOMENSPLACE.COM  
905-332-1324

### WOULD YOU LIKE HWP VOLUNTEERS AVAILABLE TO ASSIST AT THIS EVENT?

- YES  NO

IF YOU HAVE REQUESTED VOLUNTEERS, PLEASE SPECIFY WHAT LENGTH OF TIME, NUMBER OF VOLUNTEERS, AND TASKS VOLUNTEERS WOULD BE ASSISTING WITH:

\*PLEASE NOTE THAT WE CANNOT GUARANTEE VOLUNTEERS, BUT WILL REACH OUT TO OUR EVENT VOLUNTEERS TO SEE IF WE CAN SECURE EXTRA HELP FOR YOU.

### FINAL REVIEW:

Please note, if this application is approved, you and/or your association will agree to the following:

1. Act with integrity and in accordance with all applicable laws.
2. Cease contacting a prospective donor who states that he/she does not wish to be contacted
3. Disclose immediately to the organization any actual or apparent conflict of interest or loyalty
4. Not accept donations for purposed that are inconsistent with the organization's mission.

I agree that prior to holding an event/ activity or promoting one to benefit Halton Women's Place, I must have read and agree to the Risk Management Policy document and obtain full approval of this application form from the Development Manager at Halton Women's Place.

SIGNATURE OF APPLICANT

DATE