



Third Party Fundraising Event Agreement

Thank you for your interest in fundraising for the Children's Foundation of Guelph and Wellington (CFGW). We are so grateful for your support to help local children and youth access opportunities to build a happy and healthy future. By fundraising in your community, you also help spread the word of the Children's Foundation so we can reach even families and children in need. Thank you!

GUIDELINES:

- Please read the CFGW [Third Party Fundraising Handbook](#) before completing this form.
- Please complete and submit this form to CFGW before holding your event.
- Please contact Kasia, Events Manager, with any questions. (Contact at bottom of page.)

I have read, understand and agree to the guidelines outlined in the CFGW Third Party Fundraising Handbook.

Signature: _____ Date: _____
(If completing form electronically, checking the above box confirms adherence to CFGW third party guidelines.)

CONTACT INFORMATION AND AGREEMENT

Organization/Contact Name: _____
Mailing address: _____ City: _____ Postal Code: _____
Telephone: _____ Email: _____

EVENT INFORMATION

Event Date: _____ Start Time: _____ End Time: _____
Event Name: _____ Location: _____
Event Description: _____

How funds will be raised: _____
Number of guests expected: _____

87 Waterloo Ave, Guelph ON, N1H 3H6 | T: 519-826-9551 Ext. 27 | F: 519-766-4870

kasia@childrensfoundation.org | www.childrensfoundation.org

What percentage of proceeds will be donated to CFGW? _____ %
Please list any other charities benefiting from this event: _____

Where would you like this funding to go? Where it is needed most
 Adopt-A-Family Program Food & Friends Program
 Free to Play Program Scholarships Program

Are other businesses/organizations involved in organizing this event? Yes No

If yes, please list them: _____

CFGW SUPPORT & PROMOTIONS

What support do you require from the Children's Foundation?

Event Banner Brochures CFGW Rep CFGW Speaker
 Event Volunteers Tax Receipts CFGW Social CFGW Website

Will you be approaching businesses/ organizations to donate to this event? Yes No

If yes, please list any confirmed corporate donors: _____

Would you like to use the CFGW logo and name on promotional material? Yes No

What type of promotional material will be used for this event?

Word of mouth Posters/Flyers Website
 Newspapers Social media Radio Ads

THANK YOU for choosing CFGW as the recipient of funding from your special event.
Together, we are building brighter futures!

Please submit this form to our office, and we will be in touch soon.

FOR OFFICE USE ONLY:	Date: _____
Event approved: <input type="checkbox"/> More info needed: <input type="checkbox"/>	Approved by: _____

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