



Third-Party Fundraising Event or Promotion Application

Event

Promotion

Thank you for considering Klinic for your fundraiser!

Please fill out the below information and email back to: donations@klinic.mb.ca

Part 1: Contact Information

Applicant/Organization Name: _____

Contact Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ Mobile Number: _____

Email (please print clearly): _____

Part 2: Event or Promotion Information

Name of Proposed Event/Promotion: _____

Brief description of proposed event or promotion: (attach additional sheet if required):

Event Date / Time: _____

Planned Location of Event: _____

Projected Attendance: _____

How Funds will be raised (ex. Silent auction, ticket sales, pledges, sponsorship, etc.):

1. **What is the primary purpose of the proposed legislation?**

Does this Event Require a License?: Yes No I don't know

Part 3: Marketing and Promotion

Which of the following ways will you promote the event?:

Website Posters/Flyers Social Media
Media Radio Other:

On behalf of your event or promotion, Klinik will reshare your social media posts and will include your event or promotion in our internal newsletter.

What dates are you planning to promote:

Do you need access to Klinik's Logo?: Yes No

Logo use must be reviewed and approved in writing by Klinik before it is used.

Part 4: Financial Information

What is your fundraising goal?:

How is the donation amount calculated? Any promotion donating a portion of sales must clearly state the percentage or dollar amount that will be contributed to Klinik.

1. **What is the primary purpose of the study?** (e.g., to evaluate the effectiveness of a new treatment, to explore the relationship between two variables, to describe a population, etc.)

Donations of \$20 or more made directly to Klinic, are eligible for a tax receipt. If receipts are requested, the names, addresses, postal codes, phone numbers and donation amounts must be recorded and submitted with the donation funds.

Please note that an individual cannot receive a gift receipt for funds that were directly donated by them (i.e., an individual is not eligible for a receipt for money raised at an event).

Agreement:

A Third-Party Application Agreement MUST be completed and submitted to Klinik at least two weeks prior to the event start date. Forms are required each year if your event is recurring.

I (the event organizer) have read and understood the attached policy and the following:

1. Klinik reserves the right to deny any application for fundraising activity that does not complement the mission, vision, values, or project a positive image of Klinik.
2. Permission must be given by Klinik to use our name/logo in conjunction with your event or promotion. Klinik must approve all publicity prior to distribution. Copies of publicity must be submitted to Klinik by email at donations@klinik.mb.ca.
3. Publicity must not imply that the event is sponsored or co-sponsored by Klinik, or that Klinik is involved as anything but as the beneficiary. The event name must be followed by “In support of”, or “Proceeds to” followed by Klinik’s logo.
4. The event organizer is responsible for promotion and cannot rely on the use of Klinik’s social media channels for event publicity.
5. The public should be informed how Klinik will benefit from the event or promotion. If Klinik will not receive all proceeds, the exact percentage that benefits Klinik must be stated clearly on all related publicity.
6. Klinik must be notified if another organization will benefit from this event.
7. Any raffle/lottery and/or liquor licenses for third party fundraising activities must be obtained by the event organizer. The event organizer is required to ensure all applicable laws and regulations are complied with. Klinik will not provide any licenses or permits and is not liable if the event/organizer is found to be in violation of any laws or regulations.
8. Klinik and all related entities are not liable for any injuries sustained by event volunteers or participants and cannot assume any type of liability for the event.
9. The event organizer is responsible for providing staff/volunteers to support this event. Klinik will do its best to have representation at the event if requested.

Please keep a copy of your completed application for your records. Return the signed original to:

Klinik Community Health
Attention: Donations
167 Sherbrook Street
Winnipeg, MB R3C 2B7
Email: donations@klinik.mb.ca

Applicant Signature: _____ Date: _____

Klinik Approval:

Signature: _____ Date: _____