



WOODSTOCK HOSPITAL FOUNDATION

EVENT PROPOSAL FORM

If your organization wishes to plan a special event to benefit the Woodstock Hospital, please submit this completed proposal to Woodstock Hospital Foundation for approval.

Please mail or fax this form to:

Woodstock Hospital Foundation
310 Juliana Drive, Woodstock, ON N4V 0A4
Fax: 519-421-4253

GENERAL INFORMATION

Today's Date		Name of Coordinator			
Name of Group / Company Planning Event			Website		
Address		City		Province	Postal Code
Work Phone	Fax	Alternate Phone	Email		
Event Name, if it has one		Date of Event		Location of Event	
Please briefly describe the proposed special event/promotion that you are organizing					

History of the event					

How many people do you expect to attend the event?			Participants		Pledges
Does this event need tax receipting?* <input type="checkbox"/> Yes <input type="checkbox"/> No			Will other charitable organizations benefit from this event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, please list _____		

ADVERTISING

How will your event be promoted? <hr/> <hr/>	
Which of the following will you be using to publicize your event, and when?	
Medium	Date & Details of Distribution
<input type="checkbox"/> Internal (Newsletter, Internet)	<hr/>
<input type="checkbox"/> Posters/Flyers/Signs	<hr/>
<input type="checkbox"/> Advertisements (newspaper)	<hr/>
<input type="checkbox"/> Other	<hr/>

Funds Directed to: _____

Will other charitable organizations benefit from this event? Yes No

DONOR RECOGNITION

Upon approval of this application, and in accordance with Woodstock Hospital Foundation donor recognition guidelines, you will receive special recognition for your initiative.

For the purpose of recognition, the name of your event is to be listed as:

Privacy Statement:

The personal information that will be collected is done so for the purpose of fulfilling this event, promoting such future events and other fundraising activities of Woodstock Hospital Foundation (the "Foundation"). As charitable gifts receipting is administered by the Foundation, this personal information is also provided to the Foundation where it is protected and governed by the Foundation's privacy policies, a copy of which is available from Woodstock Hospital Foundation.

The contributions of our community remain vital in our continued efforts to provide the best possible care for the people of our region and beyond. With the increase of restricted giving, it is necessary for the Foundation to recover some of its expenses from contributions designated to a specific hospital program.

Please complete this form no less than three (3) weeks prior to the event.