



## THIRD PARTY FUNDRAISING EVENT PROPOSAL FORM



**PLEASE NOTE: WE ASK FOR AT LEAST 16 WEEKS NOTICE PRIOR TO THE EVENT**

**General Information**

Date of event: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_ Fax.: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Proposed Event Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ Duration: \_\_\_\_\_

Location/Venue: \_\_\_\_\_

**Please, briefly describe the event and how the funds will be raised.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposed Budget.** Please indicate all costs to come out of the proceeds and the net revenue expected. Please list all costs even if there is an expectation that they will be donated.

REVENUE		EXPENSES	
Sponsorship		Entertainment/Audio	
Ticket Sales		Promotion/Advertising	
Advertising Sales		Venue	
Silent/Live Auctions		Food/Beverage	
Other (please specify)		Other (please specify)	
<b>Total Revenues Expected</b>	\$ _____	<b>Total Expenses Expected</b>	\$ _____

Net Revenues Expected : \_\_\_\_\_

**Is the Tim Horton Children's Foundation (THCF) the exclusive charity of the event? If not, please list the other charities involved in the event**

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\_\_\_\_\_

**How will the event raise media attention, and profile the THCF?**

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**What specific target audience does the event address?**

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**What support is being requested of the THCF?**

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**Does the event require a license?**

Yes

No

If so, please provide details:

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**It is requested that all THCF promotional material to be returned to the Foundation Home Office within two weeks of the event taking place.**

**PLEASE ATTACH ANY COPIES OF INVITATIONS, REGISTRATION FORMS OR PUBLICITY MATERIAL PERTAINING TO YOUR ORGANIZATION AND/OR THE EVENT TO THIS PAGE.**

**PLEASE FORWARD THIS COMPLETED FORM FOR APPROVAL TO:**

**Tim Horton Children's Foundation  
Special Events/Fundraising  
RR#2, 264 Glen Morris Road E.  
St. George, ON N0E 1N0  
Tel.: (519) 448-1248 Fax: (519) 448-1415  
E-Mail: [hoffman\\_jeffrey@timhortons.com](mailto:hoffman_jeffrey@timhortons.com)**

Date Received: \_\_\_\_\_

Approved on: \_\_\_\_\_