



## Third Party Events Planning Guide

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**Thank you** for your interest in planning an event or program to benefit the patients from Northumberland, Peterborough and Hastings Counties who visit Campbellford Memorial Hospital every year.

This kit has been designed to provide information to assist you in the planning of your event. If you have any questions after reviewing this material, please do not hesitate to contact our office.

Your decision to help will have a positive impact on our hospital and its patients. Your efforts will help support the purchase of essential medical equipment for Campbellford Memorial Hospital. Supporting CMH through a gift to the Foundation won't just help someone you know or love get better; it has the potential to actually transform the care they receive, making sure they get the best care possible, using the most up-to-date technology and procedures, in a healing environment that is close to home.

**Thank you again.**

**We are grateful for your commitment to the Campbellford Memorial Hospital Foundation.**

**We wish you every success with your fundraising activity.**

Contact Name: John Russell, Executive Director  
146 Oliver Road, Campbellford, ON K0L 1L0  
Tel: (705) 632-2014  
Fax: (705) 653-3430  
Email: jrussell@cmh.ca

The Foundation is fortunate to receive many inquiries and proposals from companies, individuals, families and staff groups that would like to support the Hospital and its departments.

**\*\* If you would like to or are planning an event or program to benefit Campbellford Memorial Hospital please submit a completed and signed Event Proposal form (see attached – Page 7)\*\***

These documents must be submitted at least two months prior to the event or program date. Each proposal is carefully reviewed to see if it is feasible and fits with our organization's goals and objectives.

**These are some of the criteria we will use to evaluate proposed events:**

- Does the event support the mission and image of Campbellford Memorial Hospital & Foundation?
- Does the event have a realistic budget, timeline and plan?
- What are estimated proceeds from the event?
- Who will chair the event? Will there be other members of the committee?
- Does the event honour an individual or mark a special occasion?
- Will the event raise funds for areas of priority as determined by the Campbellford Memorial Hospital leadership team or do you have a specific area in mind?

Please be aware of the following: The Campbellford Memorial Hospital Foundation does not advance funds, provide donor lists or solicit sponsorship revenue for third party fundraising events. We can provide limited support. Our department's ability to provide services for your event is limited by staff size and internal fundraising obligations. (We state this information in advance so that there are no disappointments or misunderstandings with regards to our ability to participate in and support your fundraising event). The use of any Campbellford Memorial Hospital and Foundation brand, logo or name will require written authorization from the Foundation Office prior to usage.

A third party event is a fundraiser held on behalf of the Campbellford Memorial Hospital Foundation. The event is organized and executed wholly by a company, group, or individual independent of the Campbellford Memorial Hospital Foundation. It is understood that the Foundation does not take a primary role in planning or organizing the event.

**Once again, thank you for your interest in planning an event or program to benefit Campbellford Memorial Hospital. We appreciate your support.**

**Please allow two weeks for the Foundation Office to review and respond to your proposal.**

# Campbellford Memorial Hospital Foundation Policies & Procedures For Third Party Fundraising

Third party fundraising programs must fit the Campbellford Memorial Hospital Foundation mission and vision to be approved.

## **Hospital Mission**

Campbellford Memorial Hospital is dedicated to relief of illness, pain and suffering, and to promotion of health for the communities we serve.

## **Hospital Vision**

Campbellford Memorial Hospital's vision is to be a recognized leader in rural health care, creating a healthy community through service excellence, effective partnerships and the development of innovative hospital services.

## **Foundation Mission**

The Campbellford Memorial Hospital Foundation (CMHF) is a not-for-profit volunteer organization. Its mission is to motivate donors to meet the current and future needs of the Campbellford Memorial Hospital and its campus.

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## **Permission**

The Campbellford Memorial Hospital Foundation has a fiduciary responsibility to ensure that the Campbellford Memorial Hospital name is being used properly, that funds are being handled and accounted for in a responsible manner, and that fundraising is being conducted in a manner that is consistent with our mission and public image.

- All fundraising events require written permission from the Campbellford Memorial Foundation in advance. Do not make public announcements or promote the event until you have received written approval of your event proposal.
- Fundraising events must comply with all relevant provincial and federal laws.

## **Event Timing**

It is the policy of the Campbellford Memorial Hospital Foundation to maintain a list of all events and other fundraising efforts benefiting the hospital. This includes all activities of the Campbellford Memorial Hospital Foundation office and events sponsored at-large by others in the community.

It is the responsibility of the event coordinator to approve the fundraising date with the Campbellford Memorial Hospital Foundation Office to ensure no conflict exists between events. There must be sufficient time between events to maximize support, enthusiasm and attendance for your event.

## **Event Promotion & Logo Usage**

The Campbellford Memorial Hospital Foundation must review all promotional materials (including without limitation press releases, public service announcements, scripts, posters, brochures) before they are used. We encourage you to promote your event through local media and posters or flyers. **The logos of Campbellford Memorial Hospital & Foundation cannot be reproduced without permission.**

The Campbellford Memorial Hospital Foundation will assist if requested by promoting the event, when appropriate, through:

- Campbellford Memorial Hospital web site: a link to the event or organization's web site can be requested
- Campbellford Memorial Hospital Foundation Facebook page
- Giving Matters - CMHF Newsletter

- Monday Report (CMH Internal Weekly Newsletter)

### **Event Language**

- Any promotional materials must expressly state that your event is raising funds to benefit the Campbellford Memorial Hospital and/or Foundation.
- Any promotional materials must properly characterize the use for which the donation will be made. For example, *“A portion of the proceeds from this event benefit the purchase of priority medical equipment for the Campbellford Memorial Hospital.”*

### **Financial Guidelines**

- Event expenses must be less than fifty percent (50%) of the total amount raised, excluding in-kind donations.
- If event expenses are greater than the total collected, the group conducting the event is responsible for payment of these additional expenses.
- Within 30 days after the last day of the event, please arrange for the presentation of a cheque made payable to *Campbellford Memorial Hospital Foundation*.

#### ***Budget:***

- *Establish an attainable objective, a useful rule of thumb: be conservative when estimating revenue. Before moving forward with the organization of an event it is important to outline what your costs will be. This will help you monitor your expenses. Remember: the lower your costs, the greater your contribution will be.*

### **Sponsorship**

- Campbellford Memorial Hospital Foundation cannot solicit sponsors for your fundraising event and will not provide any donor or patient family contact information.
- Printed materials and other information should state, *“Proceeds will benefit the Campbellford Memorial Hospital and/or Foundation.”*

### **In-Kind Sponsorship**

- In-kind sponsorship is defined as a donation of a product or service such as food, beverage, printing, or silent auction items.
- The Campbellford Memorial Hospital Foundation will not solicit in-kind sponsors for your fundraising event.
- In-kind sponsors should be acknowledged at the event or in follow-up.
- The value of in-kind donations from sponsors should not be included in your total event revenue.
- The Campbellford Memorial Hospital Foundation adheres to rules and regulations set out by the Canada Revenue Agency (CRA) for providing tax receipts. If you are planning to issue tax receipts, please speak with a Foundation representative prior to making promises to ensure that the gift does merit an official tax receipt.
- In order to issue tax receipts to donors in a timely and accurate manner, we require a type written list of information.

**\*\*Please review the DONATION RECORDS report (see attached – Page 11)\*\***

#### ***Helpful Tips:***

- *Begin with who you know. Begin by asking your employer and then ask family and friends if they would be comfortable approaching their employers.*
- *If you have a close working relationship with a company, ask if they would be willing to approach their business contacts and suppliers on your behalf.*
- *When you are asking for a donation for your event, whether for cash or a gift in kind, please remember that there are many other community groups organizing events*

*that they may have given to. Don't take a "no" personally, keep going and you will get a positive response.*

## **Liability, Changes & Cancellation**

### **Liability:**

- You agree to indemnify and hold harmless Campbellford Memorial Hospital and Foundation and all its officers, directors, and employees from any and all claims and liabilities in any way related to the event.
- Fundraising events and program must comply with all relevant provincial and Federal laws.
- Event organizers must discuss liability insurance coverage and waivers with the Campbellford Memorial Hospital Foundation prior to signing the Event Planning Form.

### **Changes:**

You must immediately advise Campbellford Memorial Hospital Foundation of any changes in your fundraising event.

### **Cancellation:**

There may be times when a fundraising event must be canceled. Campbellford Memorial Hospital and Foundation, through any of its directors, officers and senior administrators retains the right to cancel the fundraising event. You hereby agree to cancel the event, if so directed, and further agree to release Campbellford Memorial Hospital and Foundation and its officers, directors, and employees from any and all liability in connection with such action.

## **What the Campbellford Memorial Hospital Foundation Can Do For You**

- Offer event planning expertise and advice.
- Acknowledge your direct contributions to Campbellford Memorial Hospital Foundation.
- Approve the use of the Campbellford Memorial Hospital and/or Foundation name and/or logos for your event.
- Provide a letter of support to validate the authenticity of the event and its organizers.
- Provide limited existing materials for your event such as flyers, brochures, and a Foundation banner (when available).
- Acknowledge your event by publishing the details, such as event name, event description, locations and contact information.

## **Things to Remember**

- Complete and sign the event proposal form, then return it to the Campbellford Memorial Hospital Foundation at least two months prior to the date of your event.
- Establish goals that are realistic and measurable.
- Identify your audience/people who you think will be interested in attending.
- Plan a budget. Identify sources of income and all expenses. If you keep costs down, you may generate a larger donation – something everyone will feel good about.
- All promotional and publicity materials must be approved by the Campbellford Memorial Hospital Foundation to ensure that you are using the Hospital and Foundation name, logo and charitable language correctly.
- Collect the funds and submit the proceeds. We ask that all funds be forwarded to Campbellford Memorial Hospital within 30 days of the conclusion of the event. The list of event donors and their information must also be included.
- **Until permission is received, the name of Campbellford Memorial Hospital and Foundation cannot be used for any purpose and contributions cannot be solicited.**

- The forms you submit for the event are only valid for that event. You must submit a separate form for each event.

**Thank you again** for your interest in planning an event to benefit Campbellford Memorial Hospital. Philanthropic contributions such as yours are instrumental and help us to meet the health needs of members of our community.

A Campbellford Memorial Hospital Foundation representative is always available to answer your questions or for guidance. Thank you!

**\*\* Please fill out the attached Event Proposal forms\*\***

**For more information, please contact:**

John Russell, Executive Director  
146 Oliver Road, Campbellford, ON K0L 1L0  
Tel: (705) 632-2014  
Fax: (705) 653-3430  
Email: jrussell@cmh.ca



**THIRD PARTY EVENT PROPOSAL FORM – PAGE 1**

Please complete, sign and return the event proposal form to the address below. Acknowledgement of your application will be forwarded to you within 10 business days.

**Campbellford Memorial Hospital Foundation**

Attention: John Russell, Executive Director  
146 Oliver Road, Campbellford, ON K0L 1L0  
Tel: (705) 632-2014 Fax: (705) 653-3430  
Email: jrussell@cmh.ca

**Contact Information**

Name of Person or Organization Planning Event \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

.....  
Name of Proposed Event \_\_\_\_\_

Date(s) \_\_\_\_\_

Event Location \_\_\_\_\_

Address of Location \_\_\_\_\_

Description of event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will this be a multi-year event to benefit the CMH Foundation? Yes \_\_\_\_\_ No \_\_\_\_\_

**Financial Details:**

Who do you expect to attend the event? \_\_\_\_\_

How will funds be raised e.g. ticket sales, raffles, pledges, etc.? \_\_\_\_\_

\_\_\_\_\_ Cost per person? \_\_\_\_\_

**THIRD PARTY EVENT PROPOSAL FORM – PAGE 2**

Are you seeking sponsorship? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who, are you seeking sponsorship from? (Attach list, if needed)

Estimated revenue from event: \_\_\_\_\_ Estimated expenses: \_\_\_\_\_

Estimated donation to Campbellford Memorial Hospital Foundation:  
\_\_\_\_\_

**Proposed Budget**

All costs will be paid from the proceeds or directly by the event organizer. Please list all event costs even if you expect them to be donated.

**COST**

Location/Venue .....	\$ _____
Food/Beverage.....	\$ _____
Printing (tickets, posters, etc.).....	\$ _____
Advertising.....	\$ _____
Prizes.....	\$ _____
Other (please specify).....	\$ _____
Other.....	\$ _____
Other.....	\$ _____

Total Expected Income	\$ _____
(-) Total Costs	\$ _____
(=) Revenue to Campbellford Memorial Hospital Foundation	\$ _____

**Logistics:**

How to you plan on promoting the event?

- Brochures/flyers                       Newsletters                       TV ads                       Print ads
- Radio Ads                       Personal network                       Coupons
- Other, please specify: \_\_\_\_\_

Will alcohol be served? If yes, how? \_\_\_\_\_

Has the liability insurance been arranged? If so, please provide details: \_\_\_\_\_

We would be pleased to provide you with guidance around the logistics of your event.  
Request for resources:

- Letter of endorsement                       Information about CMHF

May we promote your event on our website? Yes \_\_\_\_\_ No \_\_\_\_\_

Can we release your name and contact info to the media if asked about your event? Yes \_\_\_ No \_\_\_



Would you like to have a cheque presentation after the event? Yes\_\_\_\_\_ No \_\_\_\_\_

**THIRD PARTY EVENT PROPOSAL FORM – PAGE 3**

Third Party

The Third Party Event organizer agrees to the following Terms:

- 1) I acknowledge that the Campbellford Memorial Hospital Foundation (CMH Foundation) auditors may request verification of revenue from events bring run on its behalf.
- 2) To handle all monetary transactions (ticketing, registrations, etc.)
- 3) Campbellford Memorial Hospital and Campbellford Memorial Hospital Foundation shall incur no legal or financial liability whatsoever associated with this event.
- 4) I agree to provide staffing and volunteers for this event.
- 5) Obtain all necessary permits and licenses for the event and take responsibility to abide by all rules and regulations set out by granting authorities. (including but not limited to raffle licenses and liquor licenses) \* Please note that CMHF never loans our charitable registration number to any individual, group or organization.
- 6) Follow the Campbellford Memorial Hospital Foundation’s receipting policies as set out by Canada Revenue Agency.
- 7) At the discretion of CMHF staff, provide a copy of third-party liability insurance for the duration of the proposed event.
- 8) Identify how complaints or external controls for media will be handled. The organizer agrees to inform the Foundation immediately of any circumstance that may result in damage to the Campbellford Memorial Hospital or the Foundation’s reputation.
- 9) The organizers and their affiliates (including contracted service providers) understand that they will uphold and protect the reputation of the CMH Foundation.
- 10) Identify who owns the rights to photographs and video and obtain all necessary release forms before sharing any images publicly.
- 11) Proper use of the authorized name/logo of Campbellford Memorial Hospital and the Foundation in all materials.
- 12) Proceeds will be directed to the highest priority at CMH, unless otherwise stated.
- 13) Net proceeds from the Third Party Event together with all related financial reports will be remitted to CMH Foundation within 30 days of the Third Party Event.
- 14) If CMH Foundation has serious concerns about the way the project is being implemented and such concerns are not immediately addressed, CMH Foundation can cancel this agreement by giving the Third Party 24 hours notice. CMH Foundation is not responsible for financial or other damages that may result from such cancellation.

By my signature below, I acknowledge that I received a copy of the Campbellford Memorial Hospital Foundation’s Policies and Procedures for Third Party Fundraising. I understand and agree to follow these policies and procedures.

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**Event Name**

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**Printed Name** **Signature**

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**Date**

Please keep one copy of this agreement along with the policies and procedures for your reference and return the signed original along with your completed Event Proposal Form to:

**Campbellford Memorial Hospital Foundation**

Attention: John Russell, Executive Director  
146 Oliver Road, Campbellford, ON K0L 1L0  
Tel: (705) 632-2014 Fax: (705) 653-3430  
Email: jrussell@cmh.ca

**Privacy Statement:**

The Campbellford Memorial Hospital Foundation does not trade, rent or sell any personal information to third parties.

Each donor's personal and financial information is retained by the Foundation for disclosure only to the Canada Revenue Agency and other regulatory agencies as required. The Foundation has implemented electronic and manual security procedures to protect against the loss, misuse or alteration of a donor's personal information. (Periodic mailings on the Foundation's services or upcoming special events may be sent to you if you provide us with your postal address or email address).

To change or modify any personal information you may have previously provided to the Foundation, please send an email to: [foundation@cmh.ca](mailto:foundation@cmh.ca), call us at 705-653-4343, ext. 2104 or write to us: c/o CHMF, 146 Oliver Road, Campbellford, ON, K0L 1L0.

Any email addresses sent to us remain strictly confidential and are used only to reply or send information to the email account holder where so authorized. Please contact us if you have any questions or comments regarding this privacy statement.

**Confidentiality Warning**

Absent the use of encryption, the Internet is not a secure medium and privacy cannot be ensured. Internet email is vulnerable to interception and forging. Campbellford Memorial Hospital and the CMHF will not be responsible for any damages you or any third party may suffer as a result of the transmission of confidential information to CMH or the CMHF through the Internet, or that you expressly or implicitly authorize either CMH or the CMHF to make, or for any errors or any changes made to any transmitted information.

***For CMH Foundation use only***

**Signed by CMH Foundation on** \_\_\_\_\_

**By:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_



**Campbellford Memorial Hospital Foundation**

Attention: John Russell, Executive Director  
146 Oliver Road, Campbellford, ON K0L 1L0  
Tel: (705) 632-2014 Fax: (705) 653-3430  
Email: jrussell@cmh.ca

**DONATION RECORDS REPORT**

The event coordinator should create a spreadsheet that contains this information for sponsors, donors and in-kind sponsors. This spreadsheet must be turned in to Campbellford Memorial Hospital Foundation within 30 days after the event.

**SPONSORS & DONORS:**

- First and Last Name (Company or Organization Contact Name)
- Company or Organization
- Address
- City
- Province
- Postal Code
- Phone Number
- Donation Amount

**IN-KIND SPONSORS:**

- First and Last Name (Company or Organization Contact Name)
- Company or Organization
- Address
- City
- Province
- Postal Code
- Phone Number
- Item Donated
- Value of Item Donated