### THIRD PARTY COMMUNITY FUNDRAISING EVENT GUIDE





#### THIRD PARTY FUNDRAISING FOR THE STEVENSON MEMORIAL HOSPITAL FOUNDATION

The Stevenson Memorial Hospital Foundation raises funds to support the critical equipment needs of the Stevenson Memorial Hospital. The government provides less than 20% of the funding for equipment for Hospitals. By supporting the Foundation, you are helping to create a better Hospital for your Community.

Raising funds through a Third Party Fundraiser is something anyone can do to help the Stevenson Memorial Hospital Foundation meet its fundraising goals.

A third party event is any fundraiser that is planned and organized by a person or a group external to the Stevenson Memorial Hospital Foundation.

Putting on a third party event does not have to be a daunting task. It can be as simple as baking for a bake sale or creating a challenge among family or neighbours. You can plan events on your own, with your friends, church group, social clubs or community group. If you are already planning a social event you could choose to add a fundraising component to give back! If you are a business and want to donate a portion of the proceeds from the sale of goods or services – that is a cause related marketing event. These events are a great way for a business to give back to their community.

### Here are a few ideas of Third Party Events that make fantastic fundraisers!

BBQ – Talent Show – Yard Sale – Fashion Show – Golf Tournament – Car Wash – Craft Sale – Concert – Bake Sale – Skate-a-thon – Bowling Tournament – Card Tournament – Concert – Murder Mystery Dinner - Board Game Tournament

There are, of course, hundreds of different ways you can organize an event to raise funds.

So, get creative, have fun and together we can raise funds and awareness for the needs of the Stevenson Memorial Hospital! Remember, it takes you to help Stevenson provide the right care, at the right time, in the right place.

Contact our Foundation Office at (705) 435-6281 x1262 or <u>foundation@smhosp.on.ca</u> for more information.





## **7 STEPS** TO A SUCCESSFUL FUNDRAISING EVENT FOR THE STEVENSON MEMORIAL HOSPITAL FOUNDATION

- Find Your BRIGHT IDEA: To make your event dream a reality discuss your idea with your friends and colleagues to see what will work and what won't work, brainstorming sessions are a great way to get ideas.
- 2) There's No I in TEAM: Are you going to do all the work by yourself or are you going to have a team of volunteers to help you plan, organize and execute your event? Some events can be a one-person show however having a team to help goes along way. Recruit some enthusiastic volunteers with diverse skills to help you. You will need someone who is a leader who can inspire and direct, someone who will keep track of the finances, an organizer to keep track of all the details and a promoter who can help sell your event to sponsors and volunteers.
- 3) Focus on the 4 W's: Work with your team to decide the What? Who? Where? And When? Of your event. WHAT is your event? This is where your Bright Idea takes shape. Focus on your talents and resources and what makes sense for you and your planning team. What is the purpose of your event? Is it strictly for fundraising purposes or does it have other goals such as promotion of the Hospital. Many events have more than one goal – knowing what your purpose is is key to planning. WHO will support your event? This includes volunteers, sponsors, and patrons. Knowing your target audience is important to the success of your event. WHERE will it be? Pick the right venue that not only meets the needs of your event but is also convenient for your supporters.

Valley Briar Hill WHEN will the event be? Check out local event listings and with the Foundation to see what might be in conflict with your date. Time of year matters too – weather, holidays and vacations play a big role in getting people out to your event.

and more!

- 4) What's the bottom line: Setting your goal and creating a budget. Setting a realistic goal for your event is a big step in your planning process. It helps to put together a simple budget for the event. Look at your activity, who your supporters will be, what your income generating activity will be and what your costs might be. Don't worry about a goal that in the long run ends up being too high or too low – every dollar counts!
- 5) Give us the details: Fill out an application and meet with our Foundation staff. Filling out the forms and meeting with our staff is crucial for your event success. Our fundraising team can give you the help you need to reach your goal. We also need to approve your event before you move forward. This ensures that we can explain receipting requirements as well as help you direct your gift towards an area of greatest need within the Hospital.
- 6) **Putting it all together**: Now that you have all the i's dotted and the t's crossed it is time to get to the nitty gritty. This is the time you take your Big Idea and put it into action. Get your team together and work out your strategy for collecting funds (you may even need to open a bank account), marketing your event, and putting on the big event.
- 7) Saying Thank YOU: This is of course the most important step of all. Thank your supporters, those who donated and who attended your event. Thank your volunteers and make sure they know how much their contribution means. Let everyone involved know how much your event raised to support the Stevenson Memorial Hospital Foundation and what their contribution meant to help fund critical equipment needs at the Stevenson Memorial Hospital.





# HOW WE CAN HELP?

- The Stevenson Memorial Hospital Foundation will provide a letter of support which can be used to validate the authenticity of the event and its organizers or to assist with sponsorship requests.
- Attend a planning meeting for your event. When available a Foundation staff member can attend your meeting and give you any guidance you may need for the event.
- Advertise your event on our website and social media platforms.
- Provide representatives (staff members, volunteers etc.) to attend your event, depending on location and availability.
- 5) Publicly acknowledge you contribution to our Foundation, in keeping with our Donor Recognition guidelines.
- 6) Provide information on the area of care you have selected to support and its current medical equipment needs.
- 7) Issue thank you letters and receipts as per process agreed upon prior to the event, and in accordance with Canada Revenue Agency requirements.
- 8) Assist you with event date selection to avoid any conflicts with other Hospital / Foundation or community events that we may be aware of that are already scheduled.
- 9) Provide an event planning checklist.
- Note: Please keep in mind that we will require requests for staff and volunteer support at least 4 weeks prior to your event in order to encourage participation. As a charitable organization, we are unable to fund or reimburse expenses incurred throughout the planning and execution of your event.



### CELEBRATE FOR STEVENSON - ONLINE FUNDRAISING

One of the great ways you can fundraise for the Stevenson Memorial Hospital Foundation is to create your very own fundraising page on our fundraising website. This can be set up for a celebratory event such as a birthday or anniversary in which your friends and family can contribute in lieu of gifts OR we can set up a full page for pledge events, like fun runs, where individual participants can raise money for the event.

Please go to www.stevensonfoundation.ca for more information on setting up your own personal donation page today!



# FREQUENTLY ASKED QUESTIONS OR SOME STUFF YOU SHOULD KNOW

We value our partnership with you and will strive to make your event a success. We have put together a list of some frequently asked questions; however this list is by no means exhaustive. Please contact our Foundation staff for more detailed information and answers.

**Charitable Receipts:** The Stevenson Memorial Hospital Foundation is a registered charity. We will provide donation receipts for gifts in accordance with the Canada Revenue Agency guidelines. Talk to us before your event to ensure an understanding of what can be receipted and what is not eligible for receipting. For example, items such as raffle ticket purchases, admission tickets, green fees, auction items, merchandise, and any other activity in which the purchaser receives a benefit may not be eligible for a gift receipt.

**Sponsorships:** Individuals who purchase sponsorships are NOT eligible for charitable donation receipts because the sponsor receives something of value for the sponsorship – generally in the form of advertising, marketing or promotional materials. Stevenson Memorial Hospital Foundation will, if requested, provide event organizers with a business acknowledgement / support letter than can be given to sponsors which may be used to claim their sponsorship as a business expense.

**Gift-In-Kind Donations:** The Stevenson Memorial Hospital Foundation will issue to event organizers a business acknowledgement/support letter, which can be distributed to gift in kind donors and may be used to claim their gift-in-kind product donation as a business expense. **Permits, licenses and insurance:** The Stevenson Memorial Hospital Foundation will not incur the costs or complete application forms associated with obtaining permits, licenses and/or insurance for 3rd party events, however, we are pleased to assist you with providing information on how to obtain what is necessary for your event.

**Foundation Logo:** If you would like to use the Stevenson Memorial Hospital Foundation logo on any of your event promotional materials, please forward a sample of the materials for review by our Foundation Staff and we will be happy to supply you with a suitable logo to use. All communications/promotional materials must be submitted to the Foundation and approved prior to use.

**Timelines:** We request that proceeds from your event be submitted to the Stevenson Memorial Hospital Foundation within 30 days of your event. Please ensure cheques are made payable to the Stevenson Memorial Hospital Foundation.

**Donor Lists:** Stevenson Memorial Hospital Foundation will not supply our donor list or any donor information as we are bound by strict privacy and confidentiality polices.



### CAUSE RELATED MARKETING EVENTS

If you are an individual or business that wants to donate a portion of the proceeds from the sale of a product or service, we refer to this as a cause related marketing venture and not a third party community event. We will support cause related marketing in the same way that we do third party community events however the information we need from the participant is different.

#### CAUSE RELATED MARKETING EVENTS

If you would like to support the Stevenson Memorial Hospital Foundation with a cause related marketing event please fill out the form below:

Company Name:		
Contact Person:	Event Name:	Event Date:
Address:	City:	Postal Code:
Phone:	Email:	Date Submitted:
How do you plan to raise funds f	for the Foundation (i.e. what portion of s	ales, what promotion etc.):
Percentage or fixed amount: \$ _		
Guaranteed minimum donation:	\$ (committed to the Fc	oundation at the end of the event/promotion)
Funds raised from your event wil unless otherwise specified:	Il be directed to the area of the hospital	where the need is greatest,
Has this event taken place befor If yes, how much did the event r Is this a "One-Time" or "Annual	aise the last time it was held?	
EVENT TERMS AND CONDITIC	DNS	
<ul> <li>Submit all communications for approval prior to use.</li> </ul>		·
This is a Cause Related Marketin	g agreement between Stevenson Memo	orial Hospital Foundation and
Business Name of Primary Conta	act:	
Signature*:	Date:	
Name of Stevenson Memorial He	ospital Foundation Representative:	
Signature: *An electronic signature is suffici	Date: Tent if forms are sent via email.	

#### FOR STEVENSON MEMORIAL HOSPITAL FOUNDATION USE ONLY

Approved by: \_

#### EVENT PROPOSAL FORM

#### EVENT CONTACT INFORMATION:

Name of Person, Group or Con	npany Planning Event:	
Contact Person:	Event Name:	Event Date:
Address:	City:	Postal Code:
Phone:	Email:	Date Submitted:
EVENT DETAILS:		
Tell us about your event and ho	w funds will be raised:	
Target audience for the event	:	
Funds raised from your event w unless otherwise specified.	ill be directed to the area of the hospita	al where the need is greatest,
	ory of someone special? Yes No tact information. For memorials, please	provide contact information
Will your event be open to the Has this event taken place befo If yes, how much did the event What portion of the Net Event	•	

#### **Proposed Budget**

All costs for your event must be paid by the organizer or be taken from the event proceeds. We recommend setting up a bank account for any event requiring payments of expenses. List all expected revenue and expenses. Please note whether you expect the cost to be provided free of charge.

REVENUE		EXPENSE		
Sponsorships/Pledges	\$	Venue Rental	\$	
Registration Fees	\$	Food & Beverage	\$	
Ticket Sales	\$	Décor	\$	
Cash Donations	\$	Printing	\$	
Ancillary Fundraising	\$	License Fees	\$	
(raffle, silent auction etc.)		Prizes	\$	
		Other (Please Specify)	\$	
Total Revenue	\$	Total Expenses	\$	
Total Profit	\$			

#### SAMPLE BUDGET WORKSHEET

#### EVENT TERMS AND CONDITIONS

#### By signing this application, I agree to:

- □ 1. Allow the Stevenson Memorial Hospital Foundation to promote the event and use the event logo and/or images.
- 2. Submit all communications / promotional material to the Stevenson Memorial Hospital Foundation for approval prior to use.
- □ 3. Submit all proceeds to the Stevenson Memorial Hospital foundation within 30 days of the event date.
- **4**. Provide a statement of revenue and expenses within 60 days of the event date.

#### To help make your event a success, the Stevenson Memorial Hospital Foundation commits to:

- **1**. Offer our help and event planning expertise.
- $\square$  2. Have volunteers or staff attend the event or cheque presentation, when and if available.
- **3**. Provide Foundation materials for your event such as brochures, donations boxes where needed.
- **1** 4. Promote your event among hospital staff, on our website and social media.

#### Third Party Community Fundraising Event Agreement:

This is a Third Party fundraiser agreement between Stevenson Memorial Hospital Foundation and

	(3rd Party Name)	
Name of Third Party Primary Con	tact:	
Signature*:	Date:	
Name of Stevenson Memorial Ho	spital Foundation Representative:	
Signature:	Date:	
*An electronic signature is sufficier	t if forms are sent via email.	

#### PLEASE SUBMIT FORMS BY EMAIL, FAX, MAIL OR IN PERSON TO:



#### Stevenson Memorial Hospital Foundation

200 Fletcher Crescent, P.O. Box 4000 Alliston Ontario L9R 1W7

> Phone 705-435-6281 x 1262 Fax 705-434-5116 foundation@smhosp.on.ca

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Approved by: \_

Date: \_