



962 Bloor Street
T: 416- 926-9763

Third Party Event for Sistering

Sistering must approve this proposal form prior to holding or publicizing an event.

Contact Information

Contact Person: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Tel.: _____ Fax: _____

How did you hear about Sistering?

Event Details

Event Name: _____

Event Date: _____ Time: _____ (a.m.) _____ (p.m.)

Venue: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Please provide a brief description of the event and how it will raise funds/awareness in support of Sistering. If you require more space, please attach more information on separate page.

Budget / Financial Information

Please provide an estimate of the projected revenue, expenses, and total gift to Sistering.

Income

Ticket Sales / Product Sales / Admission: \$ _____

Pledges: \$ _____

Items Donated (Gifts-In-Kind): \$ _____

Supplementary Fundraising (auction, cash bar) \$ _____

Sponsorship: \$ _____

Other (please specify): \$ _____

Total Income: \$ _____ [Subtotal]

Expenses

Location / Venue: \$ _____

Printing (pamphlets, tickets, posters): \$ _____

Food / Beverage: \$ _____

Prizes: \$ _____

Advertising: \$ _____

Postage: \$ _____

Other (please specify): \$ _____

Total Expenses: \$ _____

Net Revenue to Sistering: \$ _____

Do you require tax receipts (please mark)? Yes* No

***All receipting issues must be discussed with Sistering prior to the event. Tax receipts will be given in accordance with the regulations of the Canada Revenue Agency and Sistering's policies and procedures.**

Sistering's Role

What is the expected attendance at your event? _____

Do you require a representative from Sistering to speak at your event? Yes No

Please indicate what you will require from Sistering and, where applicable, quantities requested: (check all that apply) The Sistering Logo (.jpg) Printed Materials – may include brochures, annual reports, bookmarks, etc. Other (please specify) _____

Reference

Please list a reference (professional contact or previous fundraising recipient organization and contact) below that we can contact if this is your first time conducting a fundraiser in support of Sistering.

Name (please print): _____ Position: _____

Organization: _____ Business Phone: _____

Relationship to you: _____

I agree that Sistering's name and logo are important symbols that should not be misrepresented. Prior to publicizing or holding the event, Sistering must approve this proposal and the use of its name and logo. By publicly naming Sistering as the beneficiary of my event, I agree to donate the full amount of net proceeds raised within 30 days following the event. Sistering reserves the right to cancel this agreement at any given time should the event undermine Sistering's mandate or threaten its work and reputation within the community.

Signature of Applicant

Date

Please return the completed form to:

By mail:

Sistering
Attn: Wendy Bray, Fund Development Manager
962 Bloor St. West
Toronto, Ontario M6H 1L6

OR By fax:

(416) 926-1932

OR By email:

wbray@sistering.org

THANK YOU FOR SUPPORTING SISTERING!

**** Please allow at 5 - 7 business days for final approval of your proposal ****

For Sistering Use Only

Approved by (please print)

Date

