



Dear Friend,

Thank you for your interest in planning a community fundraising activity for the Dr. H. Bliss Murphy Cancer Care Foundation. Community fundraising is a great way to raise funds in support of cancer care in Newfoundland and Labrador and we are so grateful for our community partners.

The Dr. H. Bliss Murphy Cancer Care Foundation is committed to helping assist you to provide a high standard of service, promotional materials, support and advice to ensure the best possible experience and outcome for your initiative.

To help you finalize the details of your fundraising activity, please complete the attached Fundraising Agreement. You will be notified of approval once it has been reviewed. If you have any questions, please contact our Development Officer Megan Ludlow at megane.ludlow@easternhealth.ca or at 777-8994.

We wish you success with your fundraising event and thank you for choosing to support our cancer patients and their families!

Sincerely,

Megan Ludlow, Development Officer
Dr. H. Bliss Murphy Cancer Care Foundation

Dr. H. Bliss Murphy Cancer Care Foundation
300 Prince Philip Drive · St. John's, NL A1B 3V6
Tel: (709) 777-7589 · www.cancercarefoundation.ca



Dr. H. Bliss Murphy
Cancer Care Foundation
building hope together

COMMUNITY FUNDRAISING AGREEMENT

_____ (the Organizing Group) agrees to hold a fundraising event in support of the Dr. H. Bliss Murphy Cancer Care Foundation (the Foundation) and will donate to the Foundation the proceeds of the event(s).

The Organizing Group and supporters agree to the following conditions of this agreement:

- Any and all advertising materials to be used in support of this fundraiser must be submitted to The Foundation for review and approval prior to production.
- If there is a Social Media Account created specific to this fundraising initiative (ie. Facebook page, Instagram or Twitter account) then a staff member of the Dr. H. Bliss Murphy Cancer Care Foundation must be added as an authorized user of that account.
- The Organizing Group will obtain the necessary insurance to conduct this fundraising event(s).
- The Foundation is not responsible for any financial losses.
- If media attention is obtained, the Organizing Group will seek a representative from the Foundation to speak on behalf of the charity.
- All supporters and sponsors of the event(s) must be appropriately thanked and recognized by the Organizing Group.
- Net revenue will be presented to the Foundation no later than one month following the event(s). Should additional time be required, please advise the Foundation.
- Event(s) or other administration expenses incurred will be the responsibility of the Organizing Group and will not be eligible for a tax receipt.
- Before offering tax receipts, approval must be obtained by the Foundation.
- It is understood that the Foundation in no way endorses any products or services used in connection with the promotion/events, and shall not be held liable for any damages arising either from the product and or services of the event(s).
- The Organizing Group will be responsible financially and otherwise for operating the event(s) and the Foundation will not be liable under any circumstances for any claims or liabilities, no matter by whom or for whatever reason, made in connection with the promotion/event(s).
- The Organizing Group will indemnify, defend and hold harmless the Foundation, its Directors, Officers, employees and agents from and against any and all claims, demands, causes of action, judgments, suits, proceedings, losses, liabilities, damages, injuries, costs and expenses of any kind (including reasonable legal fees) arising out of or in connection with the promotion/event(s), including but not limited to (i) any wrongful act, omission or any person(s) for whom it is in law responsible, with respect to the promotion/event(s); or (ii) any bodily injury or death of an individual or injury to or destruction of tangible property of any kind, arising out of or in connection with the promotion/event(s).

Original signed copy of this agreement will be returned to the Dr. H. Bliss Murphy Cancer Care Foundation:

Organizing Group Representative

Date

Dr. H. Bliss Murphy Cancer Care Foundation

Date



FUNDRAISING INFORMATION

Fundraising Name: _____

Date: _____ Date Range: From _____ To _____

Location: _____

Description:

Target market for event: Employees Customers General Public Other: _____

ORGANIZER CONTACT DETAILS

Organization Name: _____

Contact Name: _____ Title: _____

Address: _____ Postal Code: _____

Telephone: _____ Fax: _____

Cell Phone: _____ Email: _____

Please indicate the category that best describes your organization:

Corporate School or Community Service Club Other: _____

ADDITIONAL INFORMATION

Estimated income from event: \$ _____

Estimated expenses from event: \$ _____

Estimated donation to the Foundation: \$ _____

Estimated expenses from event: \$ _____

Will tax receipts be required (as appropriate): Yes No

Event insurance needed?: Yes No

Note: Tax receipts will not be issued for amounts less than \$20. Tax receipts will be issued by the Dr. H. Bliss Murphy Cancer Care Foundation. Complete donor information must be provided.

What support or assistance are you requesting from the Foundation:

- | | |
|--|--|
| <input type="checkbox"/> Promotional Materials (newsletters, stickers, etc.) | <input type="checkbox"/> Facebook Event |
| <input type="checkbox"/> Posters/Flyers | <input type="checkbox"/> Add Website Event |
| <input type="checkbox"/> Online Giving Page | <input type="checkbox"/> Public Service Announcement |
| <input type="checkbox"/> Event Insurance | <input type="checkbox"/> Media Advisory |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Lottery License |