

St. Mary's Hospital Foundation and St. Mary's Hospital Center rely on the generous support of the community. Without you, we wouldn't be able to fund the programs, equipment and research that allow St. Mary's to provide compassionate, patient-centered first quality care... *healthcare on a human scale.*

## **Guidelines**

*In the following guidelines, the expression "event organizer" means the single organizer or, in case of a group, each of its members, individually as well as collectively.*

1. The event organizer shall complete, sign and submit a Third-Party Special Event Registration Form 30 days prior to the event.
2. All costs associated with the fundraising event shall be the sole responsibility of the event organizer. ST. MARY'S HOSPITAL FOUNDATION will not accept any responsibility for any costs related to or arising out of the event and encourages the organizer to seek donated goods and services to offset any costs to be incurred.
3. The event organizer is not authorized to solicit contributions as a representative of ST. MARY'S HOSPITAL FOUNDATION.
4. All staff and volunteers for the event shall be provided by the event organizer. The event organizer shall indemnify and save harmless ST. MARY'S HOSPITAL FOUNDATION and its servants, agents, employees, officers and directors from and against all claims, suits and causes of action arising out of the fundraising event.
5. The event organizer shall acquire all permits, licenses and insurance certificates required, as applicable.
6. The fundraising event shall support the mission of ST. MARY'S HOSPITAL FOUNDATION and shall maintain the highest ethical standards. It shall be well supervised, with proper safety procedures in place, to ensure the safety and well being of all participants.
7. Contributions of \$15+ may be receipted (when appropriate) by ST. MARY'S HOSPITAL FOUNDATION in keeping with Canada Revenue Agency (CRA) guidelines ([www.cra-arc.gc.ca](http://www.cra-arc.gc.ca)). If you would like charitable receipts issued for donations collected at your event, please contact our office at least four weeks prior to your event date to inquire whether the donations are eligible to be receipted under CRA guidelines. The full name and address of contributors is required to process receipts.
8. In recognition of the laws governing confidentiality and protection of personal information, ST. MARY'S HOSPITAL FOUNDATION will not provide mailing lists or other donor information to the event organizer.
9. All participant donations shall be collected by the event organizer, and forwarded to ST. MARY'S HOSPITAL FOUNDATION. All cheques shall be made payable to ST. MARY'S HOSPITAL FOUNDATION.
10. The event organizer shall inform the ST. MARY'S HOSPITAL FOUNDATION office of the event proceeds within 14 days of event completion and forward all pledge forms, cheques, money orders and cash to ST. MARY'S HOSPITAL FOUNDATION within thirty (30) days of event completion. Please provide a list of all the donors and their contact information if they require and are eligible for a tax receipt.

St. Mary's Hospital Foundation has sole jurisdiction over the use of the ST. MARY'S HOSPITAL FOUNDATION name and logo design to support fundraising events. Any and all promotional materials created for the event, using the name and logo (such as media advertisements, t-shirts, posters, web pages), must receive prior approval from ST. MARY'S HOSPITAL FOUNDATION.

These policies are intended to protect the reputation and integrity of ST. MARY'S HOSPITAL FOUNDATION'S name, personnel and affiliated programs. As part of your commitment to organizing an event, we ask that you and all those involved in your fundraising event respect these policies.

As event organizer(s), I (we) hereby acknowledge to have read and understood the above guidelines on Third-Party Events benefiting St. Mary's Hospital Center. I (we) hereby give permission to ST. MARY'S HOSPITAL FOUNDATION to post the name, date and general description of the Third-Party Special Event on its website. If possible, I (we) will provide the Foundation offices with photos of the event.

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Event Organizer Signature

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Date

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Event Organizer Signature

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Date

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Event Organizer Signature

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Date

## Registration Form

Thank you for your interest in designating the proceeds of your fundraising event to St. Mary's Hospital Center! Please complete and submit this form to the St. Mary's Hospital Foundation office thirty (30) days at the latest prior to your event by email [fondation.stmary@ssss.gouv.qc.ca](mailto:fondation.stmary@ssss.gouv.qc.ca) or fax 514.734.2655.

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### Event Information

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

Event Date(s): \_\_\_\_\_ Event Location: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Cellular: \_\_\_\_\_ Fax: \_\_\_\_\_

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### Event Description

Please provide a brief description of your event:

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Fundraising goal:

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### Sources of fundraising/donations

Please provide a budget of planned expenses and revenues related to the event as well as the distribution method to be used for remittance of the proceeds to the ST. MARY'S HOSPITAL FOUNDATION. Use an additional sheet if necessary

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How will you promote your event?

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FONDATION DE  
L'HÔPITAL  
ST. MARY



ST. MARY'S  
HOSPITAL  
FOUNDATION

*Third-Party Special Events Guidelines & Registration Form*