



THIRD PARTY FUNDRAISING ACTIVITY APPLICATION

92 Charlotte Street, Port Colborne, ON L3K 3E1, P: 905.834.3629 F: 905.835.6600 E:events@portcares.ca
www.portcares.ca

Date: _____

1. NAME OF ORGANIZATION, BUSINESS OR INDIVIDUAL: _____

2. CONTACT PERSON: _____

Address: _____

Phone #: _____ Fax #: _____ Email: _____

3. TYPE OF ACTIVITY:

4. DATE: _____ LOCATION(S): _____

5. PROJECT PLAN:

ADVERTISING (Please Outline):

NOTE: We reserve the right to approve the use of our name in any media form or print material prior to the publication of said material. The PORT CARES logo is not available for 3rd Party use without prior approval. If a percentage of proceeds are to be donated, this must be clearly stated on all promotional materials. If using Facebook you may refer to the PORT CARES website for further details of our services.

6. WILL YOU REQUIRE SUPPORT FROM POR CARES? (Volunteers, materials)?

7. WHAT IS THE APPROXIMATE AMOUNT OF PROCEEDS THAT YOU EXPECT TO DONATE TO _____ PORT CARES FROM YOUR EVENT? \$_____.

8. FOR YOUR PLANNING PURPOSES YOU MAY USE THE ATTACHED FORM OR SUBMIT YOUR OWN.

PROPOSED BUDGET

PROJECTED SOURCES OF INCOME:

\$_____

\$_____

\$_____

\$_____

PROJECTED EXPENSES (ITEMIZED):

\$_____

\$_____

\$_____

\$_____

\$_____

PROJECTED NET PROCEEDS: \$_____.

SUBMITTED BY: _____

SIGNATURE: _____ DATE: _____

Note: It is important that your donation be submitted to the PORT CARES Finance office as soon as possible after your event. By naming PORT CARES as a benefactor of your event, you are required to donate the published amount of the proceeds on our behalf. PORT CARES is not responsible for any financial losses.

We appreciate your support and effort in making a difference!

Third Party Application Form Registered Charity #119096493RR0001

FOR OFFICE USE ONLY

Date: _____ Staff intake signature _____

Date approved: _____ Signature: _____