

### **COMMUNITY FUNDRAISING EVENT REGISTRATION FORM**

Thank you for your signing up to fundraise for the Rick Hansen Foundation! All dollars raised from your fundraising event will help improve the lives of people with disabilities and remove physical barriers in the places where we work, live, learn and play – thank you!

The Rick Hansen Foundation team needs to review and approve your community fundraising event before you start planning the event itself. To make sure we fully understand your event and how we can help, please complete this form and send it by email or mail to the addresses listed below. When your application is officially approved, the event organizer will receive a signed copy of this form and can go ahead with event planning. Thank you!

You can send this form via: Email: fundraising@rickhansen.com

Mail: Rick Hansen Foundation

**ATTN: Community Giving Team** 

300-3820 Cessna Drive, Richmond, BC V7B 0A2

CONTACT INFO		icable):				
Please select the	category tha	at best describes y	/ou:			
O Corporation	O School	O Community	O Service Club	O Individual	O Other	
Name and role o	of primary cor	ntact person:				
Address:						
					ode:	
Phone (home/ce	ell):		Phone (business	):	·	
Email:						
EVENT INFORM						-
Purpose of Even	t:					-
Type of event:	O On	e-time	O Annual	O On-going		
Event Date(s):						
Event Location:						

Anticipated num	nber of participants/at	tendees:			
	penses should not exc appropriate to spend				
Target Market:	O Family/Friends	O Members	O Customers	O General Public	
Please describe	your event:				
What motivated	l you to hold this even	t? (e.g. connectio	on to someone wit	h a disability)	
FINANCIAL INF	FORMATION se the funds? (i.e. tick	et sales, silent au	action, etc.)		
What price will y	you charge for each ac	tivity? (i.e., cost	for tickets)		
Please provide u	ıs with your best estin	nates of the follo	wing general budg	et information:	
A. Total Exp	ected Income (donation	ons, auction, tick	et sales, food & be	everage sales, etc.):	\$
B. <b>Expenses</b> (include costs such as advertising, food, entertainment, rentals, etc.) \$					\$
C. Anticipate	ed Net Donation to RI	<b>HF</b> : (A - B = C)			\$
Would you like o	on to Rick Hansen Four donation receipts issue aging in any gaming ac	ed for your fundr	aising activity?	O Yes O No	t's gaming permit
	50/50 O Draws		O Other:		
	ring sponsors for you	J			
•	the sponsors (prospec				

## **EVENT PROMOTION**

How will you promote your event? (local media, Facebook, Twitter, blog, website, etc.)

Would you like RHF to promote your fundraising event on RHF social media?	

#### **RICK HANSEN FOUNDATION EVENT POLICIES**

The policies below are intended to protect the reputation and integrity of the Rick Hansen 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 organizing your fundraising activity review, acknowledge and abide by these policies.

- 1. All events must be approved by the Rick Hansen Foundation prior to the event start date and prior to any event fundraising activities. The event cannot be promoted as a fundraiser for the Foundation until the event is approved and registered.
- 2. Media press releases and marketing and promotion materials must be submitted to the Rick Hansen Foundation for review and approval prior to implementing.
- 3. Rick Hansen Foundation logos are registered trademarks unauthorized use is prohibited. All materials bearing the Rick Hansen Foundation name/logo and/or "in support of" logo must be submitted to the Foundation office for approval prior to printing and distribution.
  - a. The Rick Hansen Foundation reserves, at any time, the right to withdraw the use of its name.
  - b. The event organizer will maintain the highest standards when using the Foundation logos and templates referring to the Graphic Standards Manual for appropriate logo usage. This manual will be provided upon approval of your event.
  - c. All event materials that include a solicitation must be approved by the Community Giving team at the Rick Hansen Foundation. The solicitation must clearly disclose the purpose for which the funds are being raised, and include the Rick Hansen Foundation's name and contact information (mailing address, email, and web site). In addition, please ensure that our charitable registration number (107659427-RR-0001) is included on all event materials.
- 4. All costs associated with the event shall be the sole responsibility of the event organizer(s). The Rick Hansen Foundation cannot accept any responsibility for any associated costs and encourages the organizers to seek donated goods and services to offset any costs incurred. Costs should not exceed 20% of funds raised (e.g. for every dollar you raise, roughly twenty cents or under is appropriate to spend).
- 5. All volunteers for the event will be provided by the event organizer. The event organizer and any other event volunteers must identify themselves as volunteers and must not represent themselves as staff members of the Rick Hansen Foundation.
- 6. The event organizer will indemnify and save harmless the Rick Hansen 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.
- 7. The event organizer and any volunteers shall:
  - a. Act with fairness, integrity, and in accordance with all applicable laws.
  - b. Adhere to the provisions of applicable professional codes of ethics, standards of practice, etc.

- c. Cease solicitation of a prospective donor who identifies the solicitation a harassment or undue pressure, or who states that he does not wish to be solicited.
- d. Disclose immediately to the charity any actual or apparent conflict of interest or loyalty.
- e. Not accept donations for purposes that are inconsistent with the charity's objects or mission.
- 8. The event organizer will acquire appropriate permits, licenses and insurance certificates. By accepting the terms and conditions set forth in this application, the event organizer clearly understands that they are accepting responsibility for claims that may arise as a result of their event.
- 9. Fundraising events will maintain the highest ethical standards. Each event will be well supervised, with proper safety procedures in place, to ensure the safety and well-being of all participants.
- 10. For confidentiality and protection of privacy, the Rick Hansen Foundation will not provide mailing lists or other donor information to the event organizer.
- 11. After the event, event organizers will not retain any private donor information, including name, address, telephone number, donation amount, and payment information. Please send all records to the Rick Hansen Foundation.
- 12. Should the fundraiser be cancelled, the organizer will notify the Rick Hansen Foundation prior to the planned event day.

I have read and agree to the Rick Hansen Foundation's Event Policies and understand that I must inform the Foundation of any changes made to my event.

SIGNATURE:		DATE:	DATE:	
	Event Organizer/Applicant			
SIGNATURE:		DATE:		
	Rick Hansen Foundation			

#### **QUESTIONS?**

If you have questions or need additional information, please contact us at:

Call Toll Free via 1-800-213-2131 (press 3) or email fundraising@rickhansen.com

Thank you!

Community Giving team
Rick Hansen Foundation

# RHF EVENT DONATION TRACKING FORM

If you believe in a dream and have the courage to try, anything is possible.—Rick Hansen

Rick Hansen	6
Foundation	

**TOTALS** 

300-3820 Cessna Drive Richmond, BC V7B 0A2 p: 778-296-1585 e: fundraising@rickhansen.com

EVENT NAME		Name –		Amount cash
		- Address		
lease do not mail cash. Send us a cheque for the total amount that is		City		Postal Code Amount cheque
		Phone		Amount credit card
ayable to the Rick Hansen Foundation.		Email		TOTAL
Name PLEASE PRINT CLEARLY	Address PLEASE PRINT CLEARLY		Amount	Card # / / /
Phone	City, Prov	Postal Code		Expiry Date / O Visa OMC O AMEX O Cash O Cheque
Company Name (if corporate gift)		Email		O For gifts under \$20, select to receive a donation receipt
Name PLEASE PRINT CLEARLY	Address PLEASE PRINT CLEARLY		Amount	Card # / / / /
Phone	City, Prov	Postal Code		Expiry Date / O Visa OMC O AMEX O Cash O Cheque
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Company Name (if corporate gift)		Email		O For gifts under \$20, select to receive a donation receipt
				THANK YOU FOR YOUR CURRORT!

PARTICIPANT INFO

To receive a donation receipt, please write your First Name, Last Name and complete mailing address (Unit Number, Street Address, City, Postal Code, etc.).

THANK YOU FOR YOUR SUPPORT!

Charitable Registration # 10765 9427-RR-0001