



Organizing a benefit event to raise funds for the Marie-Vincent Foundation

Proposal for a Benefit Activity to raise funds for the Marie-Vincent Foundation Form

GENERAL INFORMATION

Name of the organization or company responsible for the event _____

Name of the contact person _____

Title _____

Address _____

City _____

Province _____

Postal code _____

Tel. Office _____

Tel. Home _____

Email _____

Website _____

Members of the organizing committee _____

INFORMATION ON THE ACTIVITY

Name of the activity/event _____

Date _____

Time _____

Location _____

Address _____

Description of the activity/event and the means of collecting donations

Number of expected participants _____

Estimated revenue _____

Estimated expenses _____

Estimated donation to the MVF _____

NOTE: All of the costs related to the activity/event must be covered by the revenue generated or by the organizers themselves.

What promotional material will you need?

NOTE: Shipping costs related to the activity/event must be covered by the revenue generated or by the organizers themselves.

Posters	
Banners	
Piggy banks	
Teddy bears	
Night lights	
Crayons	

Would you like the Foundation's mascot to be present?

Yes

No

Please note:

- The Marie-Vincent Foundation must approve all promotional and advertising material before printing or distribution.
- The Foundation reserves the right to cancel the activity/event if, for serious reasons, it does not want its name or logo associated with the event.
- The organizing committee must release the Marie-Vincent Foundation from any and all responsibility, no matter what the form, resulting from the activity/event and, if required, assume all legal costs incurred as a result of the activity/event.
- The Foundation will not be held responsible for any commitments or contracts agreed to or signed by any member of the organizing committee.

- You agree to remit all profits from your activity to the Marie-Vincent Foundation within 45 days following the activity/event.
- Upon request, the Foundation will issue a tax receipt equivalent to the donation to the participants and/or the activity/event organizers.

With your signature, you agree to these terms and conditions.

Name in block letters _____

Date _____

Signature _____

Please return to:

Fondation Marie-Vincent
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Montréal (Qc) H2H 1V4
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Fax (514) 748-1547
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