



Third Party Fundraising Activity Application

Thank you for your interest in operating a special event to benefit Barbra Schlifer Commemorative Clinic. We deeply appreciate the time and resource such endeavours involve. To help ensure there is a clear understanding about your proposal, please take the time to complete this form.

If you have any questions about this application, please contact Meldina Smith, Coordinator, Resource Development at (416) 323-9149 ext. 237, fax (416) 323-9107 or msmith@schliferclinic.com. Information about the Clinic is also on our website at www.schliferclinic.com.

Application Date:

A. Applicant Information:

Name and description of your organization, business or yourself (if you are applying as an individual).

Business Number/Charitable Number:

Contact Person Name and Title:

Mailing Address:

Phone Number:

Fax Number:

E-mail:

Website:

B. Event Details:

Please describe the event/activity you are planning.

What is the purpose of the event/activity?

What is the proposed date of the Event?

What is the proposed location, including street address and website if applicable?

Do you have a timeline for planning the event? If so, please outline it here or attach it to this application.

Do you have a cancellation plan? If so, please outline it here.

Do you have a target audience(s)? Please list them here.

C. Promotion/Advertising

Please outline your promotional plan, including what media you plan to utilize. (e.g. newspaper, radio, posters, signs, etc.)

D. Event Budget

An event budget is required for all applications. Please attach the event budget to this application, detailing anticipated revenues and expenses.

E. Schlifer Clinic Involvement

Do you wish the Barbra Schlifer Commemorative Clinic to be involved in any of these areas and how?

i. Volunteers and Staff:

ii. Promotions and Sales:

iii. Prizes and other event supplies:

iv. Finances:

D. Proceeds:

If you are donating a portion of the net proceeds from your event to the Barbra Schlifer Commemorative Clinic please specify what percentage or dollar value you will be giving:

Percentage of Proceeds: _____ %

Or, Dollar Value of Proceeds: \$ _____

Thank you again for your interest in supporting the Barbra Schlifer Commemorative Clinic.

Please send the completed application form to:

Attn: Meldina Smith, Coordinator, Resource Development

Barbra Schlifer Clinic

503 – 489 College St.

Toronto, ON M6G 1A5

Fax: (416) 323 – 9107

Email: msmith@schliferclinic.com

We will be in touch with you shortly to discuss your proposal. Please note that successful applicants will be required to enter into a formal, written, signed Third Party Event Agreement before proceeding with the event.