



Independent Fundraising Event Information & Application

Thank you for your interest in supporting Oceanside Hospice!

We welcome and appreciate your effort to help fund expert psychosocial, emotional and spiritual end-of-life care and support to patients and families in the Oceanside region facing advancing illness, death and bereavement

Each year the community helps Oceanside Hospice Society raise funds to pay for specialized programs and services. These include our Palliative Response Team, Caregiver Support, bereavement and spiritual support, volunteer services, education and research.

Hosting an independent fundraising event is a great way to support Oceanside Hospice's programs and services, and educate people at the same time. Events are often initiated by individuals or groups in honour of a family member, friend or co-worker who received care from Oceanside Hospice Society. Each event, however small or large, demonstrates the spirit of generosity and commitment to quality end-of-life care in our community.

Successful past events have included:

- Antiques Roadshow
- Christmas House Tour
- Garage Sale
- Cycling or Walking Tours
- Golf Tournament
- Hike for Hospice
- Luau
- Memory Tree Campaign
- Online Auction
- Rib fest
- Seaside Cruisers Car Show



Events are created and managed by you and/or your team, with proceeds directed to Oceanside Hospice. We do not take an active role in planning or organizing your event, but support to help ensure its success.

Oceanside Hospice can:

- Approve the use of Oceanside Hospice's name and logo for your event;
- Provide a limited amount of support materials, such as brochures and stickers;
- Promote your event on our website;
- Acknowledge your direct contribution to Oceanside Hospice, and provide recognition as described in our Donor Recognition Policy;
- Provide information on tax receipting guidelines;
- Provide Volunteer support.

Things we cannot do include taking an active role in the planning or organizing of your event, providing staff, sharing access to donor contact information or applying for licenses for your event. We will not approve events that raise money on commission; that encourage/involve behavior that is counter to Oceanside Hospice mission and/or programmatic activities; that promote or support a political party or candidate, or those which appear to endorse a political activity; or that involve direct solicitation (including, but not limited to door-to-door canvassing, telemarketing or internet soliciting).

FREQUENTLY ASKED QUESTIONS

What is an independent fundraising event?

It is a fundraiser held on behalf of Oceanside Hospice, but organized and run independently by individuals or groups.

How will the proceeds of the event be used?

100 percent of funds received go towards providing programs and services at Oceanside Hospice. These include such things as our Palliative Vigil Team, counseling services, bereavement and spiritual support, client volunteer support, Equipment Loan program, Lending Library and education.

How will Oceanside Hospice support the event?

We want to make sure your event is a success, and will do what we can to assist you within the limits of our resources. We can provide you with information about Oceanside Hospice, approve the use of our logo and name on your promotional materials, and assist you with tax receipting information. We encourage you to contact us early in your planning process to discuss your event and how we can help.

Who should I contact to talk to about hosting an event?

Please contact Oceanside Hospice by calling 250-752-6227 or emailing info@oceansidehospice.com

Application Form & Agreement

Event Name: _____

Event Date and Time: _____

Event Location: _____

Brief Description of your event, including how funds and awareness will be raised (e.g. ticket sales, auction, product sales, pledges): _____

Contact Name, Title and Company (if applicable): _____

Contact Address: _____

Phone: _____ Fax: _____ Email: _____

Do you have a connection to Oceanside Hospice? _____

Estimated number of participants or attendees: _____

Estimated Gross Revenue: _____ Estimated Cost: _____

Estimated Net Revenue (Amount of donation to Oceanside Hospice): _____

Will any portion of the proceeds be going to any other organization, charitable or otherwise? If so, please identify all such organizations, and detail what percentage of net revenues will go to each, including Oceanside Hospice: _____

Please list any and all corporate sponsors for your event (if applicable): _____

Terms and Conditions

1. Use of Oceanside Hospice's name and/or logo is permitted only with prior approval, and only according to Oceanside Hospice's guidelines for use;
2. This application must be approved prior to requesting or receiving any event-related donations/sponsorship (cash or in-kind) from any organization or individual;
3. The organizer agrees to underwrite all costs for the event;
4. The organizer agrees to obtain all necessary permits, licenses and insurance related to the event ;
5. The organizer must submit to Oceanside Hospice a detailed financial breakdown of all expenses and revenues within 30 days following the event. If all money has not been collected, the organizer will update Oceanside Hospice monthly until funds are received and processed
6. The organizer of the event that is the subject of this agreement shall indemnify and hold harmless Oceanside Hospice, its officers, directors, and employees, from an against any and all claims, liabilities, costs, fines and expenses (including reasonable

attorneys' fees) arising out of any claims or suits, or threats of suits which may be brought against Oceanside Hospice for any reason in connection with this event and including but not limited to Oceanside Hospice for any reason in connection with this event and including but not limited to : (i) the organizer's breach of obligations under this agreement including the organizers' obligations to comply with applicable law, (ii) the organizers dealing with any third parties including third party contractors, (iii) any unauthorized use by the organizers of Oceanside Hospice's name, logo, or other proprietary symbols or information, or any unauthorized verbal presentations, or (iv) any negligence or willful misconduct by the organizers or employees, contractors, or agents. The organizers shall retain insurance sufficient to cover any person injury experienced by their staff, volunteers, participants or anyone else involved in the event or related pre or post event activities, resulting in any claims of liability during the event or any related pre or post event activities;

- 7. Oceanside Hospice reserves the right to withdraw the use of its name at any time;
- 8. If the event is cancelled or rescheduled, the organizer will notify Oceanside Hospice as soon as possible but at least 24 hours prior to the original date of the event.

I, _____, have read and understood the above terms and conditions and agree to abide
(Please print)

by them:

Signed: _____ Dated: _____
(Independent Event Organizer) (mm/dd/yyyy)

Once completed and signed, please submit this application form and agreement to:

Fax: 250-752-6257
c/o Development department

OR

Email: info@oceansidehospice.com
Subject Line: Fundraising Application

An Oceanside Hospice representative will contact you after receiving your submission.

For Internal Use Only

Approved When Signed: _____ Date: _____
Oceanside Hospice

Quantity of Materials being provided: _____

General Information brochures: _____ Annual Reports: _____

Donation Envelopes: _____ Other (please specify): _____

Tax Receipts required? _____

Comments: _____
