



SERVICES FOR YOUNG MOTHERS

Third-Party Event Plan

Thank you for your interest in supporting our young mothers and their children!

Date:	<input type="text"/>
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CONTACT INFORMATION:

Name of Organization/Persons hosting the event:		<input type="text"/>	
Contact Person (name & position title):		<input type="text"/>	
Mailing Address:	<input type="text"/>		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>	Website:	<input type="text"/>

How will you publicize/promote your fundraiser? (Check all that apply)

<input type="checkbox"/> Posters/flyers	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Website	<input type="checkbox"/> Radio	<input type="checkbox"/> Facebook/Instagram:
<input type="checkbox"/> Twitter:	<input type="checkbox"/> Other: please specify			
Will you want to use the Rose of Sharon logo &/or our name on your advertising?*				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If Yes, how will the Rose of Sharon logo be used?*				
<input type="text"/>				
<input type="text"/>				

**Please note that all materials to contain the Rose of Sharon logo must be approved by Rose of Sharon before production. The logo and name cannot be used without prior permission.*

HOW CAN ROSE OF SHARON HELP:

Guided tour of our centre at 361 Eagle Street, Newmarket?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rose of Sharon representative present at your event*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of Rose of Sharon printed materials (brochures, annual report, sign)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details of what materials you would like an estimated quantity:		
<input type="text"/>		
<input type="checkbox"/> Other:		

**Please note that providing a Rose of Sharon representative at your event will be dependent on scheduling.*

FUNDRAISING EVENT INFORMATION:

Date/Anticipated Date of Event and Time:	
Name of Event:	
Event Location:	

Please provide a description of your event: (including logistics, venue, numbers of attendees, costs, etc. – please use additional space if necessary)

PLEASE PROVIDE US WITH SOME FINANCIAL INFORMATION*:

Will other charitable organizations benefit from this fundraiser?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list the names:		
Will you require charitable donation tax receipts? **	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please note the Rose of Sharon is not responsible for any debt occurred from this event.*

***Charitable donation tax receipts are issued in accordance with CANADA REVENUE AGENCY guidelines and must be pre-approved by Rose of Sharon.*

ADDITIONAL INFORMATION/COMMENTS:

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Please complete this form and return to:

Rose of Sharon Services for Young Mothers

361 Eagle Street
Newmarket, ON L3Y 1K5

Attention: Karen Warner – Fund Development Manager

Email: kwerner@roseofsharon.com | **Tel:** 905-853-5514 ext. 223 | **Fax:** 905-853-5949

We will confirm receiving your offer of support. Please allow 1-2 weeks for the review process.

For internal Rose of Sharon use		
Date received:		
Date reviewed:	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Reviewed By:		
Notes:		