

## THIRD PARTY FUNDRAISING APPLICATION FORM

Thank you for choosing to support the Edmonton Mennonite Centre for Newcomers(EMCN) as you plan your upcoming event.

If you wish to host an Independent Fundraising Event to benefit EMCN, we request that you complete and submit this application for approval 60 days prior to your event. This will help clearly establish the parameters and expectations for all parties involved in the activity.

Please email the completed application to Yolanda Quintanilla, Fund Developer, at [connect@emcn.ab.ca](mailto:connect@emcn.ab.ca); (780) 424-7709 ext 207.

### CONTACT INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### EVENT INFORMATION

Event Name: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_ Expected Number of Attendees: \_\_\_\_\_

Location: \_\_\_\_\_

Fundraising Goal: \_\_\_\_\_ Describe how you will forward funds: \_\_\_\_\_

Detailed Event Description: \_\_\_\_\_

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## EXPECTATIONS OF EMCN

*Please describe in detail the support expected from EMCN (e.g. Volunteers- numbers, times, duties; Promotions – press releases, invitations, etc.)*

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## MARKETING INFORMATION

Briefly describe how you will advertise/market your fundraising event: \_\_\_\_\_

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Will promotional materials, such as flyer or poster be printed? \_\_\_\_\_

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## TERMS AND CONDITIONS

EMCN has a set of guidelines that we ask all individuals and organizations to follow when fundraising on EMCN's behalf:

1. The EMCN and/or logo cannot be used to promote a fundraising event without prior approval by an EMCN representative. All approved fundraising events should submit copies of print materials, which include the agencies logo/name prior to printing
2. EMCN asks that you do not organize a fundraising event that includes lotteries, gambling, raffles or drawings without first discussing it with your assigned representative. Any fundraiser that requires any type of license should first be discussed with and approved by us
3. Keep accurate accounts of your event; including all donations which require a tax receipt
4. All donations requiring a tax receipt must be made out to EMCN
5. EMCN will not be responsible for any expenses incurred for a fundraising event
6. The fundraising event activity should be one that does not conflict with the mission of EMCN (if unclear, please contact us)
7. Your fundraising event should not conflict with an existing EMCN fundraising event
8. All funds and financial accounting must be submitted to EMCN no later than 30 days after the event
9. Contact us with any additional questions you may have

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## PRIVACY STATEMENT

We respect your privacy. EMCN collects your personal information in order to process your request to organize a fundraising event for the organization.

**I have read and agree to follow EMCN's Event Proposal Guidelines.**

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

Thank you for submitting your completed Event Proposal Form. It will be reviewed upon receipt and you will be contacted by EMCN within five to ten working days.

Please forward this completed and signed form to: Yolanda Quintanilla at [connect@emcn.ab.ca](mailto:connect@emcn.ab.ca)

Registered Charitable Number: 118893957 RR0001