

**Third- Party Fundraiser Application Form**

Please complete, sign and return the fundraiser application form to the address below.

Trenton Memorial Hospital Foundation  
242 King Street, Trenton, ON  
K8V 5S6

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**Your Information**

1. Name of participating organization/ individual: \_\_\_\_\_
2. Contact Person: \_\_\_\_\_
3. Address: \_\_\_\_\_ City: \_\_\_\_\_
4. E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_
5. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Fundraiser Information**

1. Type of Fundraiser: \_\_\_\_\_
2. Date (s) of event: \_\_\_\_\_ Time: \_\_\_\_\_
3. Location (s): \_\_\_\_\_
4. Expected number of participants: \_\_\_\_\_
5. How will you be promoting the fundraiser? \_\_\_\_\_

**Foundation Information**

1. What are your expectations of the Foundation?  
\_\_\_\_\_  
\_\_\_\_\_
2. Volunteers: Yes \_\_\_ No \_\_\_ If Yes, How many? \_\_\_ Hours? \_\_\_\_\_
3. Required tasks? \_\_\_\_\_
4. Public Speaker: Yes \_\_\_ No \_\_\_ Please provide details: \_\_\_\_\_
5. Representation at Fundraiser: Yes \_\_\_ No \_\_\_ Please provide details: \_\_\_\_\_
6. Will you require the QH-Trenton Memorial's name or logo for promotional use?  
Yes \_\_\_ No \_\_\_  
If "Yes", on what types of material? Please Specify: \_\_\_\_\_
7. What materials from the Foundation would be useful for your event? Please indicate quantities:  
Brochures \_\_\_\_\_ Poster \_\_\_\_\_ Other \_\_\_\_\_
8. Would you like the event to be listed on the Foundation's website? Yes \_\_\_ No \_\_\_  
If yes, please provide a brief paragraph describing the Fundraiser (including location and how to purchase tickets, if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Other information the Foundation should know regarding your Fundraiser:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature**

Please review and sign one copy of this form and return it to the QH-TM Foundation office. Completion of this form does not assure approval. Upon approval, you will receive an approved signed copy of the form for your records. If you have any questions regarding this form or your fundraising event, please contact the Foundation.

I/we agree to not hold the Foundation, Hospital, or QHC responsible for any expenses, losses, claims or damages resulting from the fundraiser or the noncompliance with any term or provision of the Trenton Memorial Hospital Foundation's Policies and Procedures for Third Party Fundraisers.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

On behalf of everyone the QH-Trenton Memorial serves, our staff and the Board of Directors wish to thank you for helping us with our mission. We could not achieve our goals without your generous support!

For office use only:

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Date Reviewed: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

By: \_\_\_\_\_