

Third Party Fundraising for Lanark County Interval House

Introduction

Lanark County Interval House & Community Support (LCIHCS) appreciates you considering us to be the beneficiary of your fundraising activities! LCIHCS relies on fundraising to meet our goals of protecting women and children from violence & abuse, and we thank you for your support.

We understand that the planning and execution of an event is a great commitment and have created these guidelines to ensure that the experience is positive for all involved. To aid you in managing your successful event for LCIHCS, we have included our policies and fundraising agreement. If you are looking for event planning tips and ideas that may be useful in carrying out your event, please let us know and we can provide that information.

On behalf of our organization, and the women and children we provide safe environments for, we thank you.

For more information, please contact fundraising@lcih.com or call 613-257-3469 ext. 64.

Fundraising Policies

To hold an event benefiting Lanark County Interval House & Community Support (LCIHCS), you must submit a signed “**Fundraising Policies**” Form, and a signed “**Third Party Fundraising Event Agreement**” Form to LCIHCS to obtain approval.

- You may not use the LCIHCS logo or advertise that your event is in support of LCIHCS without written approval from a representative of the organization. Approval may be given through email correspondence.
- Any event in support of LCIHCS should reflect the organization’s core values. Note that any event deemed by LCIHCS staff and board to be against these core values will not receive approval. For any questions regarding this, please review our Mission on our website at: www.lcih.org/about. Or speak with LCIHCS’s Resource Development Coordinator.
- Posters, flyers, ads, social media event pages, and any related promotional items need to be approved by LCIHCS before publication.
- Your organization may not state or imply that it holds any business relationship with LCIHCS. In promotion of the event, LCIHCS must only be described as the beneficiary.
- If only a portion of the proceeds will benefit LCIHCS, the percentage or dollar amount that will be donated to LCIHCS must be stated on the Third Party Fundraising Event Agreement Form.
- Proceeds from the event as well as financial records (included on the Third Party Event Wrap-Up Form), must be provided to LCIHCS within 30 days of the event end date.
- LCIHCS will not be responsible for any event costs unless approved prior to the event.
- You are responsible for obtaining all permits and licenses related to the event (including but not limited to liquor and gaming licenses).
- LCIHCS will not be party to any liability coverage without prior approval.
- LCIHCS can provide tax receipts for donations in accordance with Revenue Canada Guidelines. To obtain tax receipts, donations must be recorded with donor’s full name, mailing address with postal code, and dollar amount, and tax receipts must be requested. (If in need of an LCIHCS standard pledge form, please make this request when submitting your signed Fundraising Policies and Third Party Fundraising Event Agreement Forms.)

I have read and understood all policies set out by Lanark County Interval House. I will follow these policies in the execution of my event.

Name: _____

Signature: _____ Date: _____

Third Party Fundraising Event Agreement

If any information at any part of this agreement is not applicable, write "N/A"

Event Information

Date group/individual contacted LCIHCS:		Date LCIHCS Confirmed the event:	
Via (please circle one):	Phone / Email	Via (please circle one):	Phone / Email
Name of Event:			
Date(s) (and Rain Date):		Time(s):	
Event Location (with address) and Rain Location:			
Contact Name(s):		Target Audience:	
Email:		Phone Number:	
Contact Mailing Address: (this can be your group/business address)		Fax Number:	
Event Description:		Portion of Net Proceeds to be donated to LCIH (in \$ or % amount)	
Organization(s)/Business(es) working with:		Event Sponsors:	
Other Event Beneficiaries (if there is more than one organization benefiting from proceeds raised):			
Does the event require insurance? (If yes, please provide details)		Does the event require a permit? (If yes, please provide details)	
Will you have a Raffle, Auction, or In-Kind Donations?	If yes, please specify:		

Promotion

Printed: (Circle all that apply)	Perth Courier	Canadian Gazette	Other:	Other:	Total Cost: \$
Radio: (ex. Lake 88)	Timeframe:	Info:			Total Cost: \$
Billboards:	Company:			# Ordered:	Total Cost: \$
Online: (Circle all that apply)	Social Media	Website	Community Calendars (which one(s)?):	Other (ex. Event website):	Total Cost: \$
Other: (ex. Putting up posters)					Total Cost: \$
GRAND TOTAL COST:					\$

Social Media

Please share with us your Facebook page and Twitter handle so that we can tag you in our posts and tweets. Please also tag us or tweet at us in your social media promotions as well so that we can share the information.

LCIH Facebook: www.facebook.com/lanarkcountyintervalhouse

LCIH Twitter: @lcihcommunity

LCIH Instagram: @lanarkcountyintervalhouse



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Admin: 613-257-3469 | Crisis: 1-800-267-7946
TTY: 613-257-1952
fundraising@lcih.com
www.lcih.org

Support

How and where would you need LCIHCS involvement in your event (such as volunteers, materials, staff, prizes, information)?

****Please note that by filling out the "Support" portion, we unfortunately cannot guarantee that we are able to meet your needs. We will do our best to support your event, but ask for your understanding when we simply do not have the time, people, or resources available to meet your requests. Please be sure to have a conversation with the Resource Development Coordinator or an LCIHCS Representative before assuming LCIHCS's involvement in your event. Thank you.****

I have completed the Third Party Event Agreement to the best of my knowledge. I understand that by signing below, and once an LCIHCS Representative has signed below, these will be the terms and conditions agreed upon for the event.

Name: _____

Signature: _____ Date: _____

Name of LCIHCS Representative: _____

Signature: _____ Date: _____