



THIRD PARTY FUNDRAISING APPLICATION FORM

Thank you for your interest in fundraising for the Disability Foundation and/or our affiliated Societies. We are so grateful for your support to help people with disabilities access opportunities to re-imagine what is possible. By fundraising in your community, you also help spread awareness of our programs and services so that we can reach even more individuals in need of our support. Thank you!

GUIDELINES:

- Please read the our Third Party Fundraising Guide before completing this form.
- Please complete and submit this form to us before holding your event.
- Please contact Shawna Dash at sdash@disabilityfoundation.org with any questions.

I have read, understand and agree to the guidelines outlined in the Disability Foundation and affiliated Societies Third Party Fundraising Guide.

Signature: _____ Date: _____

(Checking the above box confirms adherence to Disability Foundation's third party guidelines.)

CONTACT INFORMATION AND AGREEMENT

EVENT INFORMATION

First Time Event Recurring Event One-time Event

Event Date: _____ Start Time: _____ End Time: _____

Event Name: _____ Location: _____

Event Description: _____

Number of guests expected: _____

How funds will be raised: _____

Amount expected to raise: \$ _____

What % of proceeds will be donated to the Disability Foundation (or it's) affiliated Societies? _____%

Please list any other charities benefiting from this event (if applicable):

What charitable organization would you like this funding to go?

The Disability Foundation
The Tetra Society of North America
Disabled Sailing Association of British Columbia
British Columbia Mobility Opportunities Society
Disabled Independent Gardeners Association
Vancouver Adapted Music Society
ConnecTra Society

Are other businesses/organizations involved in organizing this event? Yes No
If yes, please list them: _____

Will you be approaching businesses/ organizations to donate to this event? Yes No
If yes, please list any confirmed corporate donors: _____

SUPPORT & PROMOTIONS

What support are you requesting from the Disability Foundation? *

Event Banner Brochures/Promo Materials Disability Foundation Representative
Tax Receipts Disability Foundation Volunteers

**The Disability Foundation will do its best to provide the support and promotions requested, but cannot guarantee to what extent as it is dependent on availability.*

Would you like to use the in-support logo on promotional material? Yes No

What type of promotional material will you be using for this event?

Word of mouth Posters/Flyers Website Newspapers Social media Radio Ads

Thank you for choosing the Disability Foundation and/or our affiliated Societies as the recipient of funding from your event. Together, we inspiring people with disabilities to re-imagine what is possible!

Please submit this form to sdash@disabilityfoundation.org, and we will be in touch soon.

FOR OFFICE USE ONLY:

Event Approved by: _____ Date: _____