



Third Party Event Form

Contact Information

Name of main contact person: _____

Name of organization planning event (if applicable): _____

E-mail: _____

Phone Numbers: Home: _____ Work: _____

What's a good day/time to speak with you: _____

Event Information

Name of event: _____

Date of event: _____ Time of event: _____

Location of event: _____

Please give a brief description of the event and how the funds will be raised:

Do you have or what is your fundraising goal: _____

How would you like to see these funds used at The Ottawa Mission: _____

Please indicate if there are any other charities receiveing funds from this event: _____

If yes, please indicate charity: _____

Will a charitable gift tax receipts be required? Yes: _____ No: _____

The Ottawa Mission's Role in Your Event

Please indicate what you may require from us:

- Letter of endorsement to validate your event
- Foundation logo on promotional materials (approval must be received before going to print)
- Event details listed on www.ottawamission.com
- Social media support for event
- Utilize an online fundraising page on The Ottawa Mission website
- Release your name and contact info to the media if asked about your event

Please indicate if you require promotional materials for this event:

- Banners: _____ Pamphlets: _____
- Representative to speak at your event (if possible) _____
- Cheque Presentation Date: _____ Time: _____ Location: _____
- Other _____

X _____

Contact of proposed event

Date: _____

X _____

Approval of The Ottawa Mission

Date: _____

PLEASE RETURN COMPLETE FORM TO:

The Ottawa Mission

35 Waller Street,

Ottawa ON K1N 7G4

Email events@ottawamission.com

Fax: 613-234-2813