



Opportunity  
Changes  
Everything

## CHARITY OF CHOICE FUNDRAISING REQUEST FORM

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

### Contact Information:

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

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Activity:

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### Details of proposed fundraiser:

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

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

Objectives:

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Advertising plans:

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**BGCN Involvement**

Do you require BGCN staff/volunteer support? Yes \_\_\_\_\_ how many \_\_\_\_\_ No \_\_\_\_\_

Do you require tax receipt(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Tax receipts will be issued according to Canada Revenue Agency guidelines at the discretion of BGC Niagara. In general, donated prizes and in-kind services are not eligible for receipts

Do you require BGCN to sell any tickets? Yes \_\_\_\_\_ how many \_\_\_\_\_ @ \$\_\_\_\_\_

No \_\_\_\_\_

Is there anything else you would require from the BGCN to make your activity a success?

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**Additional Details**

Is this the first year of the fundraiser? Yes \_\_\_\_ No \_\_\_\_

Past beneficiary(ies): \_\_\_\_\_

Will other charities be benefitting from the fundraiser? Yes \_\_\_\_ No \_\_\_\_

If Yes, which charities? \_\_\_\_\_

What is the projected attendance of the event (if applicable)? \_\_\_\_\_

What is your financial goal (i.e. funds raised)? \_\_\_\_\_

\*Please note, BGC Niagara is not able to provide any financial assistance to cover costs as a result of your event. All expenses incurred must be paid by the individual or from the revenue generated by your event. BGC Niagara is not responsible for any financial loss.

What percentage of the proceeds will you be providing to the BGCN? \_\_\_\_\_

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Do you hold insurance for your proposed event? Yes (amount) \_\_\_\_\_  
No \_\_\_\_\_

Who will you be approaching for support of money or gifts in-kind for your event?

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I agree to allow BGC Niagara to audit the finances of the event at any time, to confirm advertised and agreed upon donation amount.

I agree to submit the proceeds of my event no later than 30 days following the event date.

I agree that the use of BGC Niagara's name and logo require permission and approval prior to any promotion or implied affiliation.

Submitted by (Print Name): \_\_\_\_\_

Submitted by (Signature): \_\_\_\_\_

***THANK YOU FOR YOUR SUPPORT!***

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## **BGC NIAGARA REVIEW**

Reviewed by: \_\_\_\_\_

Date Approved/Denied: \_\_\_\_\_

Reason for denial (if applicable): \_\_\_\_\_

Date funds received: \_\_\_\_\_