



INSCRIPTION AND AGREEMENT FORM

Activities organized by third parties for the benefit of **VSPCRF**

GENERAL INFORMATION

Name of the group or organisation: _____

Contact person: _____

Address: _____

City: _____ Postal code: _____

Phone: _____ Email: _____

I am a volunteer at the **VSPCRF**

Position held: _____

EVENT INFORMATION

Title: _____

Date(s): _____

Time(s): _____

Place: _____

Brief description:

Expected number of participants: _____

Financial goal: _____

What profit will be donated to the **VSPCRF**:

All profits without expense deductions

Net profit

Percentage of profit (please specify _____ %)

Other, specify: _____

Will other charities benefit from this activity?

Yes No

If yes, specify: _____

DONATION

Do you need tax receipts? Yes No

ON SITE

1. Donation box:

If people wish to receive a receipt, we will need their name, address, and amount.

2. Payment by debit or credit card:

If people wish to receive a receipt, we will need their name, address, and amount.

Is our QR CODE required for promotional poster?:

Yes No

1. For link to website
2. To access the DONATION section directly
(note that these donations will not be counted)

SUPPORT

Will you need a representative or spokesperson from the Foundation at the event*?

Yes No

**Please note that we will confirm this possibility according to the availability of our representatives.*

If yes, please provide more details:

Do you need **volunteers** from the **VSPCRF***?

Yes No How many? _____

**Please note that we will confirm this option based on the availability of our volunteers.*

If yes, please provide details:

DO YOU NEED PROMOTIONAL MATERIAL?

You must display our official logo on all your advertising* so that people know that the fundraiser is duly approved by the Foundation.

** Please note that we must approve all materials bearing our logo.*

Our logo: Yes No

One pager: Yes No How many? _____

Video: Yes No

Donation box: Yes No How many? _____

Brochures: Yes No How many? _____

SPONSORSHIP

Do you plan to solicit sponsors for this activity? Yes No

If yes, please list the people and/or companies that will be approached:

I hereby acknowledge that I have read and fully understand the “**Community Fundraising Toolkit**”.

I hereby give permission to representatives of the FMSPVS to post details of the event on its website, social media and other digital platforms once permission has been obtained from the Foundation.

Please sign and return the completed form to: nclermont@mspvs.org. If you have any questions, please call 450 202-2202, extension #128

Date _____ Signature _____

Administration Only / Event Approval

Approved by: _____

Date: _____

Comments & notes: _____

Representative or spokesperson:

Volunteers:
