



Sackville Memorial
HOSPITAL
FOUNDATION

Our Hospital. Our Health Care.

SMH FOUNDATION SPECIAL EVENT FORM

Anyone interested in hosting a special event for the Sackville Memorial Hospital Foundation is asked to complete the following form. We appreciate you selecting the SMH Foundation as the recipient of funds raised from your event. *Thank you for your support!*

RETURN TO: Sackville Memorial Hospital Foundation
8 Main Street
Sackville NB E4L 4A3
www.smhf.ca
Email: SMHF@HorizonNB.ca

Name of Person/Organization hosting event: _____

Name of event: _____

Contact Person: _____ Phone: _____

Address: _____

_____ Province: _____ Postal Code: _____

Email: _____

Date, time & location of event: _____

Description of event:

Event inspiration:

What type of market do you plan to target for this event (i.e. general public, businesses, etc.)?

How do you plan to market or promote this event?

Do you wish to use the SMHF logo in your materials or publicity? Yes No

2.

How will this event raise funds? _____

What degree of involvement do you expect from the Foundation?

FINANCIAL INFORMATION - BUDGET

Estimated income from the special event: \$ _____

Estimated expenses for the special event: \$ _____

Estimated donation to the Foundation: \$ _____

Anticipated date the donation will be received: _____

Will other charitable organizations benefit from this special event? Yes No

If so, please specify organization and donation breakdown:

Please note that all fund raising activities organized by a third party for the benefit of the Sackville Memorial Hospital Foundation **should be submitted** at the Administration Office located in the main lobby of the hospital. If you have any questions concerning this application, please call 364-4205.

The undersigned shall indemnify and hold harmless the Sackville Memorial Hospital Foundation from and against all liability, claims, damages, or expenses due to or arising out of this event. As well, the organizer will obtain at their own expense, all permits and licenses required to conduct the special event. This event should not, by association, have the potential to adversely affect the Hospital or Foundation's image and should not conflict with the Hospital and Foundation's mission and goals, which promote a healthy community.

Printed Name _____

Signed _____ Date _____

For Foundation use only Date: _____

Approved by: _____ Title: _____

Comments: _____
