



3rd Party Event Memorandum of Understanding

Please submit this form within 4-6 weeks prior to your event

THIRD PARTY EVENT AGREEMENT FORM

I/We, _____
(Name of individual(s) or organization)

propose to support the mission of Hospice Peterborough by organizing, managing and conducting an event to be called

(Name of event)

located at _____, **on** _____
(Event Location) (Date of event)

The approximate expected donation goal or proceeds to Hospice Peterborough is \$_____ or _____% of activities.

I/We hold harmless Hospice Peterborough for any and all liabilities and expenses associated with this event, unless prior written consent to cover only expenditures approved prior to by Hospice Peterborough.

I/We understand and acknowledge that any use of the Hospice Peterborough name, text (e.g. from website, strategic plan, mission statement, etc.) or associated branding (e.g. Hospice Peterborough logo, signage, tagline, colour palette, images, etc.) requires expressed approval from Hospice Peterborough prior to distribution.

I/We understand and acknowledge that Hospice Peterborough does not issue tax receipts for third party events unless otherwise arranged and only when eligible gifts meet Canada Revenue Agency regulations and are in the amount of \$20 or more in the name of Hospice Peterborough.

Proposed this _____ day of _____, _____
(day) (month) (year)

Signature: _____

Name: _____

Title: _____

Accepted by: Hospice Peterborough

Signature: _____

Name: _____

Title: _____