



THE  
ERIKA LEGACY FOUNDATION

Fundraising  
Agreement  
Form

Thank you for organizing a fundraiser on behalf of The Erika Legacy Foundation. Your fundraising proposal must be approved prior to publicizing your activity or event. Please return this completed form to The Erika Legacy Foundation.

**CONTACT INFORMATION** please print clearly

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_____ First Name	_____ Initial	_____ Last Name
_____ Mailing Address	_____ City, Province	_____ Postal Code
_____ Phone	_____ Twitter Handle	
_____ Organization	_____ Email Address	

The Erika Legacy Foundation respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. The Erika Legacy Foundation does not sell or rent donor names. It does, however, exchange donor names from time to time with carefully selected charities. This is a cost-effective way for The Erika Legacy Foundation to reach new potential donors in support of suicide and mental health research, prevention in Alberta and beyond. You may choose not to have your name shared by contacting our privacy officer at [info@erikalegacy.com](mailto:info@erikalegacy.com) and we will gladly accommodate your request.

**PROPOSED EVENT/CAMPAIGN**

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_____ Event Name <i>* Please note that the event name listed here will be used verbatim on all documents and recognition going forward</i>	_____ Date
_____ Location	_____ Time



## GENERAL INFORMATION

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1. Why would you like to raise funds for The Erika Legacy Foundation?

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2. Briefly describe your event/campaign and how the funds will be raised. (Is it a head shave, run, auction, golf tournament, etc.? Does it cost to participate? Will participants collect pledges? Will there be sponsors or other organizations involved?)

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3. How many people are expected to attend or participate? \_\_\_\_\_

4. Will you be collecting donations offline?  Yes  No

5. Will charitable tax receipts be required?  Yes  No

6. Is this a recurring event/campaign?  One-time  Annual  Ongoing

7. If your event/campaign includes volunteers, please indicate the approximate number and type of involvement (committee members, ticket sellers, event workers, etc.)

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## PROMOTIONAL INFORMATION

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1. Briefly describe the promotion or publicity planned for your event/campaign.

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2. All promotional material that will use The Erika Legacy Foundation name and logo must be approved prior to being released. Please indicate the planned type of promotional material, the distribution and the dates of release.

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3. Please list any relevant social media information (facebook, twitter links, etc.)

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## **FINANCIAL INFORMATION**

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By publicly naming The Erika Legacy Foundation as the beneficiary of your fundraiser, you are required to donate to The Erika Legacy Foundation the full amount of the proceeds raised on our behalf (after expenses).

Est. expenses and description of expenses : \_\_\_\_\_

Est. net revenue to The Erika Legacy Foundation: \_\_\_\_\_

*The Erika Legacy Foundation works to improve the lives of families facing mental health and suicide issues. All event/campaign proceeds and donations we receive will directly support families.*



## **ADDITIONAL INFORMATION**

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## **TERMS & CONDITIONS**

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If you intend to offer tax receipts, this must be PRE-APPROVED by The Erika Legacy Foundation.

I/We agree that I/we will discuss with The Erika Legacy Foundation staff before offering tax receipts.

I/We agree that The Erika Legacy Foundation will receive an accounting of all net proceeds from the event with in forty-five (45) business days of the conclusion of the event.

I/We agree to indemnify and hold The Erika Legacy Foundation harmless against in respect of any and all claims, demands, losses, costs, expenses, obligations, liabilities, damages recoveries and deficiencies, including interest, penalties and reasonable legal fees that may be incurred or suffered by the organizer which raise, as a result from or related to the applicants fundraising event or fundraising program, applicant's performance of its agreement as specific in The Erika Legacy Foundation guidelines and this application.

I/We agree that if a professional fundraiser or promotions individual is hired to coordinate a special event that benefits The Erika Legacy Foundation, staff will be notified immediately.

I/We hereby agree to adhere to all federal, provincial, and municipal laws and assure that compensation to any professional fundraisers or promoters shall not be based on commission or percentage of monies raised.

I/We agree to use the standard waiver set forth by The Erika Legacy Foundation for participants and ensure the waiver will be returned to The Erika Legacy Foundation within 30 days of the event.

**I/We agree to the above terms and conditions.**

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**Signature of applicant**

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**Date of application**

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**Signature of approval**

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**Date of approval**

