

Thank you for your interest in supporting the Dr. Peter AIDS Foundation through a Third Party Event Fundraiser. If you, or your organization wish to host a special event or program, we request you submit this completed application for approval. Please mail or fax this form the **Dr. Peter AIDS Foundation**.

Contact Information

Name of Organization: _____

Category that best describes you:

 Corporation School Community Service Club Individual

Contact Person: _____

Address: _____

City: _____ Postal Code: _____

Phone (Business): _____ Phone (Home): _____

Fax: _____ E-Mail: _____

Event Information

Name of Event: _____

Type of Event: One-time Annual Ongoing

Date of Event: _____ Location: _____

Date contribution to Dr. Peter AIDS Foundation is expected: _____

What inspired you to hold an event to benefit the Foundation:

Event Details

If this is the first time for the event, please describe the event and how the funds will be raised.

Dr. Peter AIDS Foundation Promotion Materials

Please indicate if you require any of the following:

___ Use of Dr. Peter Story DVD (10 minutes)

___ DPAF Poster Sign

___ DPAF Brochures

___ DPAF quick facts

___ Donation/Pledge Forms

**please note we will list the event on the Dr. Peter AIDS Foundation website*

Third Party Event Policies

To ensure that your event has a positive impact on the Dr. Peter AIDS Foundation, please review the following policies:

- The DPAF logo is a registered trademark and unauthorized use is prohibited.
- We will issue official tax receipts in compliance with the Canada Customs and Revenue Agency guidelines.
- We would appreciate any photographs and written information for the Foundation’s use for future publications and website.
- Dr. Peter AIDS Foundation does not approve or support soliciting funds door-to-door; by telephone or through non-foundation internet methods.

Terms & Conditions – Insurance Coverage

Dr. Peter AIDS Foundation’s special event insurance policy **does not** extend to this event. You, the organizer, are responsible to provide the appropriate insurance coverage for the event.

I, _____, of _____, clearly understand and accept the terms and conditions set forth in this application. I accept responsibility for any claims that may arise as a result of this event.

Print Name

Date

Signature

Dr. Peter AIDS Foundation Development Department Representative