

Heart Institute Foundation Special Event Proposal Form

Lines marked with * are required to be filled in.

Note: Application must be approved by the Special Events Manager of the Heart Institute prior to publicizing or holding events. The Heart Institute Foundation respects the privacy of its donors; we do not sell, rent, or trade our donor lists. The information we collect is used to process donations, keep our donors informed about the activities of the Institute and Foundation, and ask for their support for our mission to improve cardiac care. If at any time you wish to be excluded from such contacts, call us at 613-761-4790 and we will accommodate your request. Please e-mail the completed PDF form to the Special Events Manager.

Contact Information

Date (dd/mm/yyyy)	<input type="text"/>
Name of group/company planning event *	<input type="text"/>
Name of individual responsible *	<input type="text"/>
Mailing Address *	
Street Address / Apt *	<input type="text"/>
City *	<input type="text"/>
Province *	<input type="text"/>
Postal Code *	<input type="text"/>
Phone (business)	<input type="text"/>
Phone (home) *	<input type="text"/>
Fax	<input type="text"/>
e-mail Address	<input type="text"/>

Event Information

Name of proposed event * (max 40 characters)	<input type="text"/>
Date * (dd/mm/yyyy)	<input type="text"/>
Location of Event *	<input type="text"/>
Address *	<input type="text"/>

Events Details

Briefly describe why you have chosen the Heart Institute to be the beneficiary of this event.*	<input type="text"/>
Briefly describe the event and how the funds will be raised. *	<input type="text"/>

Reset Form

Proposed Budget *

Costs

All costs to come out of the proceeds or to be paid directly by the event organizer. Please list all expenses and indicate if any are being donated. Please note that it is necessary to complete the budget using actual or estimated figures to gain approval from the Heart Institute Foundation.

Location	\$	<input type="text"/>	
Food/ Beverage	\$	<input type="text"/>	
Printing (tickets, posters etc.)	\$	<input type="text"/>	
Advertising	\$	<input type="text"/>	
Prizes	\$	<input type="text"/>	
Other (please specify)	\$	<input type="text"/>	<input type="text"/>
TOTAL EXPECTED INCOME	\$	<input type="text"/>	
*Costs must be entered before completing the form			
(-) TOTAL COSTS	\$	<input type="text" value="0.00"/>	
(=) REVENUE TO HSCF	\$	<input type="text" value="0.00"/>	

<input type="button" value="Calculate"/>	<input type="button" value="Reset Values"/>
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Fill in the form, print it out, and send to the Special Events Department:

Ms. Shayna Leikin
Special Events Assistant
University of Ottawa Heart Institute
Room H-2411D
40 Ruskin Street
Ottawa, ON Canada
K1Y 4W7

Tel: (613) 761-5045
Fax: (613) 761-4907