



## Community Fundraising Event Letter of Agreement

*Thank you* for your interest in hosting an event to support the AIDS Committee of Toronto (ACT) and our fight against HIV/AIDS.

Please complete the following Community Fundraising Event Letter of Agreement. It is possible that not every aspect of the form is applicable to your event. If you have any questions, please contact **Joelle Ferreira** at **416-340-8484 ext. 279** or **[jferreira@actoronto.org](mailto:jferreira@actoronto.org)**.

### Personal Information

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Organization Information

The Organization you represent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Event Information

Event date: \_\_\_\_\_

Event location: \_\_\_\_\_

Brief description of event: \_\_\_\_\_

Partner Initial: _____	Date: _____
ACT Initial: _____	Date: _____

---

## ACT Mission Statement

The AIDS Committee of Toronto (ACT) develops and delivers innovative programs and services that promote the dignity, health and well-being of individuals and communities living with, affected by and at risk for HIV/AIDS.

## ACT Vision Statement

Working together to achieve a world without HIV/AIDS.

## Donation to ACT

You will be making a contribution to ACT through:

- (1) Percentage of sales: \_\_\_\_\_ %                      (2) Flat fee/donation: \$ \_\_\_\_\_  
(3) Net profits with Minimum Donation of: \$ \_\_\_\_\_  
(4) Other important details: \_\_\_\_\_
- 

### **Tax receipt are not issued without a prior written agreement with ACT.**

ACT is a member of the Ontario AIDS Network (OAN). Our Charitable Business Number (BN) is 11877 9024 RR0001.

## Marketing and Promotion

### Use of the ACT logo



Since our logos are registered trademarks, it is not possible for you to use it without a formal contractual agreement. However, you may make use of the name ***AIDS Committee of Toronto, ACT*** in connection with your proposed community event for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

You will be granted use of the ACT logo once this Letter of Agreement has been completed and signed by both parties. It is important in your marketing materials to indicate as clearly as possible the mechanism by which donors' money will be contributed to ACT. All wording and use of the ACT logo (in any variation) on any printed material must be approved by ACT prior to printing and distribution.

**How will the event be promoted?** \_\_\_\_\_

Partner Initial: _____	Date: _____
ACT Initial: _____	Date: _____

---

## Acceptance and Conditions

By signing this Community Fundraising Event Letter of Agreement, I accept responsibility on behalf of:

\_\_\_\_\_ (organization name) to ensure that all of the information given above is accurate, and I/we agree to the following conditions:

- (1) I will consult with the AIDS Committee of Toronto (ACT) Development department to determine the most appropriate wording for promotional materials.
- (2) I understand that I will **not** undertake to represent ACT in the solicitation of donations or product, without the written approval of ACT.
- (3) I accept full financial responsibility for the event; should it fail to make a profit, I and my organization are responsible for outstanding liabilities.

Please sign two copies of this Community Fundraising Event Letter of Agreement. Keep one copy for your records, and return the other copy to our offices as indicated below.

Thank you for supporting ACT and improving the lives of those infected with and affected by HIV/AIDS.

**X** \_\_\_\_\_  
**On behalf of organization** **Joelle Ferreira**

**X** \_\_\_\_\_  
**Organization Name** **AIDS Committee of Toronto (ACT)**

\_\_\_\_\_  
**Date** **Date**

**Signed at** \_\_\_\_\_ **(City/Municipality)** in the province of \_\_\_\_\_, **Canada.**

**Please return a signed copy of this completed agreement to:**

AIDS Committee of Toronto (ACT)  
Attention: Joelle Ferreira, Donor Relations Coordinator  
543 Yonge Street, 4<sup>th</sup> Floor  
Toronto, ON M4Y 1Y5

**F** 416-340-8224 **E** jferreira@actoronto.org

Partner Initial: \_\_\_\_\_ Date: \_\_\_\_\_

ACT Initial: \_\_\_\_\_ Date: \_\_\_\_\_