



Community Fundraising Event Letter of Agreement

Thank you for your interest in hosting an event to support ACT (the AIDS Committee of Toronto) and our fight against HIV and 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 **Jordan Tan** at **416-340-8484 ext. 279** or **jt@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: _____ Start and end times: _____

Event location: _____

Brief description of event: _____

Partner Initial: _____ Date: _____

ACT Initial: _____ Date: _____

About ACT

Founded in 1983 by a group of community volunteers, ACT is a non-profit organization which provides free programs and services for those living with, affected by and who are at-risk of HIV.

Mission Statement

ACT works to reduce new HIV infections in Toronto and promotes the independence, dignity, health and well-being of people living with HIV and AIDS and those at increased risk of HIV.

Vision Statement

A Toronto where there are no new HIV infections, and the people and communities living with or most affected by HIV and AIDS live long and healthy lives free from stigma and discrimination.

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/ticketing information: _____
- _____
- _____

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 RROOO1.

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 **ACT** and **AIDS Committee of Toronto** 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 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.
- (4) I am responsible for meeting all regulations (federal, provincial, and municipal) and obtaining all permit(s), license(s), legal authorization(s), precaution(s) and/or general liability insurance required for the event.
- (5) I will handle all monies for the event and assure proceeds from the event will be directed to ACT within thirty days (30) of the event.

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 and AIDS.

X _____
On behalf of organization Jordan Tan

X _____
Organization Name Donor Relations Coordinator, ACT

Date (D/M/Y) Date (D/M/Y)

Signed at _____ (City/Municipality) in the province of _____, Canada.

Please return a signed copy of this completed agreement to:

ACT - AIDS Committee of Toronto
Attention: Jordan Tan, Donor Relations Coordinator
543 Yonge Street, 4th Floor
Toronto, ON M4Y 1Y5
F 416-340-8224 E jtjan@actoronto.org

Partner Initial: _____ Date: _____

ACT Initial: _____ Date: _____