



Community Fundraising Event - Letter of Agreement

Thank you for your interest in hosting a RED RIBBON EVENT to support the AIDS Committee of Toronto (ACT) 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 Joelle Ferreira at 416-340-8484 ext. 279 or 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: _____

How will the event be promoted? _____

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 and 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
543 Yonge St., 4th floor
Toronto, Ontario M4Y 1Y5

Partner Initial: _____ Date: _____

ACT Initial: _____ Date: _____