

**Board Members
Conseil d'administration**

HOSPICE / MAISON

Martin Dubuc
Tyler England
Lois Mahon
Pierre Maltais
(Chair / président)
Scott McCulloch
Gisèle Roberts
Marissa Sarrazin
Renée Schilkie
Jim Spencer
Nicole True
Maxine Vincent
Vicky Wilton

Julie Aubé
*(Ex-officio) Executive Director /
directrice générale*

Charitable Number
Numéro d'enregistrement
Organisme de charité
89172 4874 RR0001

FOUNDATION / FONDATION

Michelle Cloutier
Donald Garrioch
Abbas Homayed
Pierre Maltais
Scott McCulloch
(Chair / président)
Diane McFarlane
Michelle Novak
Mimi Regimbal
Liz Spooner
Alexandra Stargratt
Trina Tallon

Ashley Bertrand
(Ex-officio) Director / directrice

Charitable Number
Numéro d'enregistrement
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80051 3145 RR0001

Third-Party Fundraising Acknowledgment Form

Event/Activity Name: _____

Date(s) of Event/Activity: _____

Individual / Organization Conducting Event: _____

Contact Information: _____

This form serves as an agreement and acknowledgment for anyone conducting fundraising activities on behalf of the Maison McCulloch Hospice through the Sudbury Hospice Foundation.

By signing this form, I acknowledge and agree to the following standards and obligations:

1. Authorization & Use of Name and Logo

- I understand that I am not authorized to use the name, logo, or branding of the Maison McCulloch Hospice or the Sudbury Hospice Foundation unless this agreement has been fully completed and signed.
- I agree that all promotional materials, including but not limited to posters, social media posts, advertisements, and sponsorship packages, must be submitted for review and written approval prior to public distribution.
- All materials must be emailed to: ashley@maisonsudburyhospice.org
- I understand that failure to obtain approval may result in withdrawal of permission to use the organization's name and/or logos and cancellation of the event's affiliation.

2. Truthfulness and Accuracy

- All fundraising materials and activities will:
 - o Be truthful and not misleading.
 - o Accurately describe the organization's activities.
 - o Clearly disclose the organization's name, address, and contact information.
 - o Clearly state the purpose for which funds are being requested.
 - o Clearly and prominently disclose the percentage (%) or portion of proceeds that will be donated to the Sudbury Hospice Foundation on all promotional materials, advertisements, ticketing platforms, and verbal or written solicitations.
 - o Ensure that this disclosure is visible, legible, and not misleading to the public, including where applicable any conditions, limitations, or maximum donation amounts.
 - o Provide accurate information about the organization's policy on issuing Official Income Tax receipts, including any minimum amount (\$10) requirements.
 - o Disclose, upon request, whether I am acting as a volunteer, employee, or third party.

3. Ethical Practices

I understand that the organization does not:

- Make claims that cannot be substantiated.
- Exploit clients or misrepresent their needs through images, graphics, or text.
- Sell the donor list or share donor information without consent.

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4. Conduct and Compliance

While fundraising, I agree to:

- Act with fairness, integrity, and comply with all applicable laws.
- Cease contacting donors who indicate they do not wish to be contacted.
- Immediately disclose any actual or perceived conflicts of interest.
- Accept donations only for purposes consistent with the organization's mission.
- Present verification of my affiliation with the organization when requested.
- Secure and safeguard any confidential information provided by donors, including credit card information.

Acknowledgment and Agreement

By signing below, I confirm that I have read, understood, and agree to comply with all terms and conditions outlined in this Third-Party Fundraising Acknowledgment Form. I further acknowledge that I am acting in accordance with the standards set by the Sudbury Hospice Foundation and understand that failure to comply may result in revocation of fundraising privileges.

Support Requested from the Hospice (if available):

- Letter of Support
- Hospice Logo (with brand guidelines)
- Hospice banner/materials
- Social Media Mention
- Representative to attend the event (if available)

Signatures

Name of Individual / Organization (Print): _____

Authorized Representative Name (if applicable): _____

Signature: _____

Date: _____

For Sudbury Hospice Foundation Use Only

Authorized Representative (Print Name): _____

Title: _____

Signature: _____

Date: _____