



CORPORATE PARTNERSHIP PROGRAM AGREEMENT

Corporate partnership program marketing brings together a for-profit business and a non-profit organization for their mutual benefit. Programs like these raise your public profile while raising important funds for Hotel Dieu Shaver. They can increase customer loyalty by demonstrating your commitment to the community

To participate, this agreement must be completed and submitted to Hotel Dieu Shaver Foundation by the authorized representative of the business/corporation prior to any promotion and/or marketing of the campaign.

All campaigns in support of the Hotel Dieu Shaver Foundation “the Foundation” or the Hotel Dieu Shaver Health and Rehabilitation Centre “the Hospital” are required to:

- a) Have approval of the Executive Director of the Foundation
- b) Be consistent with the Foundation’s mission and values
- c) Benefit the Foundation’s operations and programs
- d) Inform the Foundation if the campaign is to benefit other charity partners

1. Donations / Tax Receipts

Hotel Dieu Shaver Foundation has developed the following policies in accordance with the Canada Revenue Agency (CRA). *A tax receipt is given to those who make a donation of \$10.00 or more directly to Hotel Dieu Shaver Foundation, and are issued only where the donor receives no benefit for the contribution.* At the discretion of the Foundation, a business acknowledgement letter can be issued to businesses in lieu of a tax receipt. Please check with the Foundation to confirm eligibility.

Not eligible for tax receipts are:

- a) Tickets (raffle, admission, etc), auction items, sponsorships and other goods that provide a benefit to donors.
- b) Gifts of professional/personal services of an individual, and donations of old/used items.
- c) Tax receipts cannot be processed until the funds are received.
- d) The total amount of receiptable donations the Foundation is able to receipt cannot exceed the total Net Revenue that the Foundation receives.

We require the following information to properly process a tax receipt:

- Donor’s full name
- Donor’s full address (including postal code)
- Donor’s telephone number
- Amount given and amount tax receipt to be issued for
- Method of payment

2. Logo Use

It is important for the Foundation to maintain brand integrity and consistency in dealing with the public. We require third parties to acknowledge our name as either Hotel Dieu Shaver Foundation or Hotel Dieu Shaver Health and Rehabilitation Centre.

- a) The Foundation will, in its discretion, allow the use of its name and logo for campaign purposes.
- b) Any use of the logo must be approved prior to its use, and will remain the property of the Foundation.



- c) The Foundation reserves the right to withdraw the use of its name and logo at any time without liability or obligation, and relinquish support of any campaign that does not abide by the policies, criteria and guidelines set out in this agreement.

3. Promotion and Solicitation

- a) The Foundation will have final approval on all promotional materials including brochures, flyers, advertisements, publicity and/or media communications relating to its participation.
- b) The Foundation will, at its discretion and depending on supplies and reasonable requirements, provide existing in-house promotional materials.
- c) The Foundation will not provide any donor, staff or volunteer contact lists.
- d) The Organizer may respond to media enquiries relating to the campaign, however, inquiries relating to the Foundation or Hospital must be forwarded to the Foundation.
- e) The Representative will provide periodic status updates to the Foundation on an agreed-upon basis.

4. Liability and Accountability

The Foundation and/or the Hospital cannot and does not assume any type of liability. In particular,

- a) The Representative will be responsible for any financial losses or unsettled accounts.
- b) We will be provided with reasonable prior notice of any cancellation
- c) No oral or written commitments or agreements will be entered into by the Representative on behalf of the Foundation or the Hospital, nor should the Representative attempt to commit the Foundation or the Hospital to any obligation of any sort.
- d) We will not underwrite any expenses or salaries related to the campaign.
- e) Representative agrees to waive any and all claims and/or liabilities and to release the Foundation and the Hospital from any and all claims and/or liabilities for any loss, damage, expense or injury that the Representative or its executors, administrators, assigns, successors, heirs, and/or legal or personal representatives may suffer as a result of the campaign, due to any cause whatsoever, and further agrees to hold harmless and indemnify the Foundation, the Hospital, its Board of Directors, employees and volunteers from any and all liability for any loss or damages resulting from the campaign.

5. Licenses and Fees

It is the sole responsibility of the Representative to pay any and all applicable fees for licenses/permits, and the Representative agrees to abide with all government regulations and applicable laws.

6. Privacy

All information obtained and used by the Foundation will be treated with the utmost confidentiality and security in accordance with Foundation policies, and these requirements will be adhered to by the Representative and associated employees, contractors, agents and volunteers.

I have read, understand and agree to be bound by the Vendor Guidelines as identified above.

Authorized by Business/Corporation _____ Date: _____

Authorized by Foundation _____ Date: _____



CONTACT NUMBER: (____) _____ **CONTACT EMAIL:** _____

Will this be an ongoing campaign? YES NO Start Date: _____ End Date: _____

How are you promoting your campaign?

What support would you like from the Foundation?

- Permission to use logo
- Social media/website promotion with photos and links
- Information materials, i.e. our brochure, newsletter. Amount required _____

Estimated donation to HOTEL DIEU SHAVER FOUNDATION: \$_____ or _____% of

- Each transaction
- Monthly
- Annually
- Other: _____

How would you like to designate your funds raised:

- Area of greatest need
- Palliative Care
- Cancer Rehab
- Rehabilitation equipment
- Other: _____

Do you require a tax receipt? YES NO (Please see Item 1 of the for tax receipting guidelines)

Will any other organizations benefit from this event? YES NO

(if yes) Name: _____

Any other details about the campaign:
