

## **Contact information**

NAME(S):			
MAILIN	IG ADDRESS:		
PHONE	NUMBER: EMAIL:		
Raffle Details			
RAFFLE TYPE (50/50, BASKET, ETC.):			
DRAW	LOCATION:		
DRAW	DATE: DRAW TIME: # OF TICKETS:		
TICKET RANGE:TO			
PRIZE DESCRIPTION:			
PRIZE VALUE (CASH/ITEM):			
WHERE WILL THE WINNER'S INFORMATION BE PUBLICLY SHARED?			
WILL Y	OU BE SELLING TICKETS OUTSIDE OF NORTH DUNDAS? ( ) YES ( ) NO		
IF YES,	PLEASE PROVIDE A LIST OF THE LOCATIONS YOU INTEND TO SELL TICKETS:		
PLEASE	PROVIDE A SAMPLE TICKET TO BE PROVIDED WITH THE APPLICATION TO THE TOWNSHIP. THE		
TICKET	MUST BE IN 2 PARTS, AND INCLUDE THE FOLLOWING INFORMATION:		
	WDMH Foundation Logo / Name (Both Parts)		
	Licence Number (Both Parts)		
	Ticket Number (Both Parts)		
	Location / Date / Time of Draw(S)		
	Description of Prizes		
	Ticket Price		
	Number Of Tickets Printed		
	Adequate Space for The Name, Address and Telephone Number of The Purchaser on the Part Retained for The Draw.		

## **Raffle Financials**

WHERE WOULD YOU LIKE	THE PROCEEDS OF THIS EVENT TO	O BE DIRECTED? PLEASE SELECT ONE.	
FAMILY CARE FUND	GENERAL EQUIPMENT FUND	HEALTH CARE UNDESIGNATED FUND	
CANCER CARE FUND	DIAGNOSTIC IMAGING FUND	■ DUNDAS MANOR ACTIVITY FUND	
DUNDAS MANOR GENE	RAL FUND		
The Raffle Organizer(s	s) agree to the following:		
Ticket Sellers Must Be Ticket Sellers Cannot E Ticket Purchasers Mus Ticket Purchasers Mus WDMH Foundation St Purchase Tickets. If Selling Tickets Outsi Sales Take Place (Mini E-Transfers Are Not Pe Raffle Organizers Mus Provide a Template fo All Sold and Unsold Tic After The Draw, Organ Winner's Fu Complete A Phone Num Email Addre	de of North Dundas, Please Allow Time for to mum Of 30 Days).  Irmitted. All Ticket Purchases Must Be Made t Keep a Detailed Tracking Sheet of All Ticket or This Tracking.  Iskets Must Be Returned to A WDMH Foundatizers Must Submit a Document Listing The:  Il Name  Il Name  Il dress  Il deress	tside the Foundation.  ne of Purchase.  And Anyone in Their Household — Are Not Permitted to the Foundation to Obtain Municipal Approval Before An e in Cash.  Its Handed Out to Be Sold. The WDMH Foundation Will ation Staff Member After the Raffle Ends.	
	nt/Item to Be Awarded	Aust De Cubusited to the W/DMII Foundation	
<ul> <li>✓ Funds Are Not to Be Awarded on the Day of the Draw. All Funds Must Be Submitted to the WDMH Foundation.</li> <li>✓ The Foundation Will Issue a Cheque to the Winner Once All Documentation Is Received and Verified.</li> </ul>			
The WDMH Foundation	on agrees to the following:		
<ul><li>✓ The Foundation Will P</li><li>✓ The Foundation Can A</li></ul>	repare, Number and Package Tickets (With to rovide a Tracking Spreadsheet to the Organi ssist with the Creation of a Poster for Adver rint Up to 100 Pages (Includes Tickets, Poste	izer. tising If Requested.	
RAFFLE ORGANIZER	MANAGER O	F DIRECT MAIL & EVENTS, WDMH FOUNDATION	
DATE:			

QUESTIONS?

PLEASE CONTACT JUSTINE PLUMMER, MANAGER OF DIRECT MAIL & EVENTS AT <u>JPLUMMER@WDMH.ON.CA</u>, OR BY PHONE: (OFFICE) 613-774-2422 X 6172, OR (CELL) 343-543-0069.

CINDY AULT PETERS, EXECUTIVE DIRECTOR AT <a href="mailto:cpeters@wdmh.on.ca">cpeters@wdmh.on.ca</a> OR BY PHONE: (OFFICE) 613-774-2422 X 6169 OR (CELL) 343-572-6345.