

Fundraising Event Application

For Office Use Only
Approved yes no Date: _____
Signature: _____

Please complete the following application to become officially registered as an Event Host raising funds for the Alzheimer Society of Calgary.

Contact Information

Name of Organization or Person: _____

Address: _____

City, Province, Postal Code: _____

Email: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Event Information

Name of Event: _____

Event Date: _____

Event Description: _____

Number of Attendees Expected: _____

Would you like to receive occasional updates and information from the Alzheimer Society of Calgary?

Yes No

Information collected on this form will be used for the Alzheimer Society of Calgary and other Alzheimer Society of Calgary initiatives. All information gathered is kept private and confidential in accordance with our privacy policies.

Please return your completed form to:

Alzheimer Society of Calgary

800-7015 MacLeod Trail SW

Calgary, AB T2H 2K6

Charitable Registration Number: 13072 5740 RR0001