

# 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 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:

Email: [triciav@alzheimercalgary.ca](mailto:triciav@alzheimercalgary.ca)

Phone: 403-301-3514

Fax: 403-269-8836

### Alzheimer Society of Calgary

800-7015 MacLeod Trail SW

Calgary, AB T2H 2K6

Charitable Registration Number: 13072 5740 RR0001

**Thank you! We will be in touch as soon as possible.**

**Alzheimer Society**  
CALGARY **30+**  
years