

Host a Fundraiser in Support of the Alzheimer Society Application

Contact Information

Organization or Company Name (if applicable)

Contact Name(s) _____

Address _____ City _____ Prov _____ Postal Code _____

Phone _____ Cell _____ Email _____

Event Information

Event Name _____ Date _____ Time _____

Event Description _____

Event Location(s) _____

Would you like an Alzheimer Society staff member to attend your event? YES NO

** due to staff scheduling we cannot guarantee attendance

Would you like Alzheimer Society educational brochures? YES NO

Do you require any signage (logo) from the Alzheimer Society for your event? YES NO

Do you require a coin box from the Alzheimer Society? YES NO

Financial

How will your funds be generated _____

Estimated proceeds to be donated to the Society _____

How will you pay for expenses that you may incur by hosting this event? _____

Will event participants require tax receipts (donations of \$15 or more are receipted)? YES NO

If yes, how will you provide the Alzheimer Society with participant contact information so that tax receipts may be issued? _____

Other Comments _____

Would you like your proceeds to be directed to a specific area?

Research Programs & Services Education Wherever the need is greatest

Alzheimer Society

MANITOBA

Dementia Care & Brain Health

www.alzheimer.mb.ca

I have read and understood the **Policy on Fundraising Activities**

Signature

Date

Please complete this form and send it to the attention of Lynne Williams

Email: lwilliams@alzheimer.mb.ca

Mail: Alzheimer Society of Manitoba, 10-120 Donald St, Winnipeg, MB R3C 4G2

For the Alzheimer Society of Manitoba Office Use Only

Approved Not Approved Comments _____

Sign _____ Date _____