



OFFLINE APPLICATION FORM

First Name: _____ Last Name: _____

Address Work Home

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Social media handles: _____

Link to your event: _____

Fundraising Goal: \$ _____

Permission Questions:

- I give the Alzheimer Society of Alberta and Northwest Territories permission to contact me by email.
- I give the Alzheimer Society of Alberta and Northwest Territories permission to contact me by mail (post).
- I give the Alzheimer Society of Alberta and Northwest Territories permission to contact me by phone.
- I allow the general public to donate to my page.
- I give permission for my name to appear on the scoreboard for top fundraisers.

To learn more about dementia and how the Society can help, please visit www.alzheimer.ab.ca.

Alzheimer Society

ALBERTA AND
NORTHWEST TERRITORIES

Event Name: _____

Where is this activity taking place: _____

Do you need help with this campaign (marketing materials, fundraising assistance etc.)?

Yes No

What is the date of your event: _____

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