



Fundraiser Application

Fundraiser/Event Name: _____

Organization or Business (if applicable): _____

Contact Person/Host: _____

Date of Event: _____

Contact Information:

Address: _____	
City/Town: _____	Postal Code: _____
Phone: _____	Email: _____

Description of Fundraiser/How will Money be Raised:

What YOU want from us (please check all that apply):

- Staff Attendance
- Promotion of Event
- Marketing Collateral
- Use of our Logo

** Please note that the ASNS cannot provide you with volunteers. Also, we cannot guarantee staff will attend. You can request attendance of staff, but that will only be determined by availability.*

Application Process:

1. Fill out this form and send it back to the Alzheimer Society
2. ASNS staff will then assess the event and decide if it fits in to the Mission and Vision of the organization
3. When the event is accepted, the host will be sent a Fundraising Package and a Fundraising Agreement
4. Fill out Fundraising Agreement and send back to Alzheimer Society

Office Use Only:	
Total funds raised: _____	Date received: _____
UOR: _____	