

CONTACT INFORMATION:

Name of Organization/Individual: _____

Street Address: _____

City, Province, Postal Code: _____

Daytime Phone #: _____

Email: _____

Yes, I would like to receive your newsletter by: email
 mail

ACTIVITY INFORMATION:

Name of Fundraising Activity: _____

Description of Fundraising Activity: _____

Date(s) and Time(s) of Fundraising Activity: _____

Location of Fundraising Activity: _____

Number of Attendees Expected: _____

Inspiration for Fundraising Activity: _____

How Will You Raise Funds Through Your Activity?

Ticket Sales/ Green Fees Donations

Silent/ Live Auction Sponsorship

Other, please specify: _____

FINANCIAL INFORMATION:

A. What is your Expected Total Raised? \$ _____

B. What are your Total Expenses? \$ _____
 (Total Expenses should not exceed 50% of Expected Total Raised)

C. Anticipated Net Proceeds: \$ _____

D. What % of Anticipated Net Proceeds will be donated to the Foundation? _____%

If D. above is less than 100%, please explain: _____

DONOR WALL OF HONOUR INFORMATION:

The Alberta Children's Hospital Foundation recognizes all cumulative donations of \$10,000 or more on our Wall of Honour located on the main floor of the Hospital. Should you become eligible:

Do you give permission to be recognized?: yes no
 Under what name would you prefer to be recognized? _____

HOW WE CAN SUPPORT YOU!

We are pleased to offer the following support for your fundraising activity. Please check all that apply:

<input type="checkbox"/> 'Thank You' tent cards	<input type="checkbox"/> 'Did You Know' tent cards
<input type="checkbox"/> Just4Kids Newsletters	<input type="checkbox"/> Hospital Fact Sheet
<input type="checkbox"/> 'Thank You' signage/banner	<input type="checkbox"/> Foundation video
<input type="checkbox"/> Website/Facebook posts	<input type="checkbox"/> Personal fundraising site
<input type="checkbox"/> Attendance by ACHF representative (if resources allow)	<input type="checkbox"/> Donation collection form
<input type="checkbox"/> Other:	<input type="checkbox"/> Endorsement Letter

APPLICATION SUBMISSION:

Your completed Application can be submitted to:

ATTN: Samantha Cardwell
 Email: scardwell@achf.com
 Phone: 403-955-8857
 Fax: 403-955-8840

Alberta Children's Hospital Foundation
 2nd Floor, 2888 Shaganappi Trail NW
 Calgary, AB T3B 6A8

THANK YOU!

We recognize the time and energy that goes into creating a successful fundraising activity. Thanks to your efforts, the Alberta Children's Hospital Foundation can invest in excellence in child health, research and family centred care for over 95,000 kids and families that rely on the Hospital every year.

*Please note, the Alberta Children's Hospital Foundation logo is reserved for activities raising a minimum of \$25,000 in proceeds.

All materials featuring the name and/or logo of the Alberta Children's Hospital Foundation must be approved by the Foundation prior to publication.