

FUNDRAISING RENEWAL FORM

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:

Any Modifications to Fundraising Activity? Please explain:

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

Location of Fundraising Activity:

Number of Attendees Expected:

Number of Years Running:

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 the Total you expect to raise? \$ _____

B. What are your Total Expenses? \$ _____
 (B. should be 50% of A. or less)

C. Anticipated Net Proceeds: \$ _____
 (C. = A. minus B.)

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

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

****Please note, use of the Alberta Children's Hospital Foundation logo in promotional materials 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.

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"/> Personal fundraising site |
| <input type="checkbox"/> Donation collection form | <input type="checkbox"/> Endorsement letter |
| <input type="checkbox"/> Other: | |
-

RENEWAL FORM SUBMISSION:

Your completed Renewal 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 continue to invest in excellence in child health, research and family centred care for over 97,000 kids and families that rely on the Hospital every year.