



## Independent Fundraising Application

We ask that you complete this application form and submit it to the Foundation for approval a minimum of one month prior to your proposed fundraiser. Your application must be approved by the Alberta Children's Hospital Foundation prior to publicizing or holding an activity on our behalf.

### Contact Information

Name of organizer(s): \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

### Fundraising Activity Information

Activity Name: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

How will you raise funds through your activity (ticket sales, donations, auction, etc.)? \_\_\_\_\_

\_\_\_\_\_

How will you promote your activity? \_\_\_\_\_

\_\_\_\_\_

Does your organization plan to use the Alberta Children's Hospital Foundation name in your printed material and in your publicity?  YES  NO

**PLEASE NOTE:** The Alberta Children's Hospital Foundation logo cannot be used for events raising less than \$25,000 but name use may be permitted but only with the Foundation's express written permission. **All materials featuring the name and/or logo of the Alberta Children's Hospital Foundation must be approved by the Foundation PRIOR to publication.**



## Financial Information

- A. What is your total expected income? \$ \_\_\_\_\_
- B. What are your total expected expenses? (should not exceed 50% of total expected income) \$ \_\_\_\_\_
- C. What are your anticipated net proceeds? (A minus B equals C) \$ \_\_\_\_\_
- D. What percentage of these funds will be donated to the Foundation? \$ \_\_\_\_\_

The Alberta Children's Hospital Foundation is pleased to support your fundraising initiative. Please check the boxes if you require the following:

- Thank you tent cards
- Fact sheet handout
- Thank you sign
- Thank you banner
- Pledge Forms
- Other, please specify: \_\_\_\_\_

## Submission

Your completed application can be submitted to:

Meghan Kociuba  
Senior Associate, Community Initiatives  
Alberta Children's Hospital Foundation  
2888 Shaganappi Trail NW  
Calgary AB T3B 6A8

Phone: 403-955-8850  
Email: [mkociuba@achf.com](mailto:mkociuba@achf.com)  
Fax: 403-955-8840

## Thank you!

We recognize how much time and energy it takes to create a successful fundraising event. Thanks to your efforts, the Alberta Children's Hospital can provide world-class care for children in our community. Your support helps to fund innovative child health programs, specialized life-saving equipment and advanced pediatric research and education.

Thank you for embracing the power to hope, help and heal. Together we can do all three.

