



Independent Fundraising Application Renewal

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
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.

