FORM —

Proposal for a fundraising activity to benefit the Alzheimer Society of Montreal

IMPORTANT

- \checkmark Your proposal must first be approved by the Alzheimer Society of Montreal before you even begin to organize and promote your event.
- ✓ The review and approval process takes approximately two weeks.
- \checkmark Follow the tips and suggestions provided in the *Organizing a* fundraising event to benefit the Alzheimer Society of Montreal guide.

ORGANIZER	(2)
OKGRITER	

amily name_			Fi	rst name			
'ull name of t	he organizer ₋						
lame of your	group/event _						
Address							
City			Province		Post	al Code	
el. <u>work</u>		Н	OME		CELL.		
-mail 0]	E-mail 2			
	NAMES AN	D ADDRESSE	S OF YOUR C	RGANIZIN	G COMMITTEE	MEMBERS	1
TITLE (MR. / MRS.)	FIRST NAME	FAMILY NAME	ADDRESS	CITY	POSTAL CODE	TEL.	E-MAIL
Vhat inspired	l you to choos	e the Alzheime	er Society of M	iontreal as th	e beneficiary for	your fundra	ising activit

YOUR EVENT	
Name or description	
Location Date, time, duration	
Name of contact person	
Address	
Tel E-mail	
YOUR SPONSORS	
List your prospective sponsors:	
YOUR BUDGET	
Provide a detailed breakdown of projected income and expendit Gross income	ures for your proposed activity.
DESCRIPTION GTOSS INCOME	ANTICIPATED INCOME
TOTAL GROSS INCOME	\$
Expenditures	
DESCRIPTION	PLANNED EXPENDITURES
TOTAL EXPENDITURES	\$
ANTICIPATED NET INCOME (Total gross income less total expenditures)	\$
TAX RECEIPTS	
Will tax receipts be issued for donations? YES NO	
Indicate if you would like to receive our paper donation forms. ☐ If YES, how many? ☐ NO	
STAYING IN TOUCH WITH THE ALZHEIMER SOCI	ETY OF MONTREAL
Please indicate if you wish to receive our e-newsletter (and help us reduce of is filled with information and updates about the Society as well as past and	
My e-mail address(es)	

	PARTICIPATION OF ALZHEIMER SOCIETY OF MONTREAL REPRESENTATIVES											
	e to have one or more of our employees attend or take part in your event? v many? D NO											
	w many? NO e inform us at least 30 days before the event. Due to the many requests we receive, we can	ınot alwav										
	t someone will be available on the day of your event.)											
	e to receive brochures about our programs and services? v many? □ NO											
s there any o YES, pleas	ther promotional material or products that we can provide you with? e specify:	□ NO										
	NOTE											
•	The Alzheimer Society of Montreal does not encourage or condone door-to-door of pyramid-style sales, or fundraising specifically for an individual. Moreover, it does not advance funds towards the costs of third-party fundraising events.											
•	All event-related material must be approved by the Society before it is produced or distributed.											
•	The event organizing committee and/or organizer will not hold the Society liable in any way whatsoever.											
•	No claim can be made against the Society for expenses incurred as part of or arising from the event.											
•	The Society will not be held responsible for any financial loss or for any commitmer taken by the event organizing committee.											
•	The Society is not responsible for ticket sales related to a third-party fundraising activity.											
•	The organizing committee must first obtain the Society's approval before asking public figure to be an event spokesperson.											
organization	is document, I (we) acknowledge having read and understood the conditions apply of a fundraising event to benefit the Alzheimer Society of Montreal. , FIRST NAME (BLOCK LETTERS) SIGNATURE	ying to th										
FAMILY NAME	, first name (block letters) signature	DATE										
	, first name (block letters) signature , first name (block letters) signature	DATE										
FAMILY NAME												

FORM FOR DONATIONS TO BENEFIT THE ALZHEIMER SOCIETY OF MONTREAL

Event's name

Participant's name (Family name, first name)______

Form number

			•••••	•••••				•••••	•••••		••••••										•••••	•••••
TAX RECEIPT	YES NO																					
	DONATION	\$	\$	\$	\$	\$	₩	\$	\$		\$	\$	₩	\$	\$	\$	\$	\$		-	\$	\$
	E-MAIL																					TOTAL DONATIONS COLLECTED
POSTAI	CODE												4									TOTAL DONATIO
	CITY																					
	ADDRESS																					
	FAMILY NAME			4																		
	FIRST NAME	4																				
TITLE	(MR. / MRS.)																					
		1	2	М	7	2	9	7	∞	6	10	11	12	13	14	15	16	17	18	19	20	