

— FORM —

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

**IMPORTANT**

- ✓ 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.
- ✓ Follow the tips and suggestions provided in the *Organizing a fundraising event to benefit the Alzheimer Society of Montreal guide*.

**ORGANIZER(S)**

Individual   
  Company   
  Educational Institution   
  Association/Organization  
 Other (specify) \_\_\_\_\_  
 Family name \_\_\_\_\_ First name \_\_\_\_\_  
 Full name of the organizer \_\_\_\_\_  
 Name of your group/event \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Tel. | WORK \_\_\_\_\_ | HOME \_\_\_\_\_ | CELL. \_\_\_\_\_  
 E-mail ❶ \_\_\_\_\_ E-mail ❷ \_\_\_\_\_

**NAMES AND ADDRESSES OF YOUR ORGANIZING COMMITTEE MEMBERS**

TITLE (MR. / MRS.)	FIRST NAME	FAMILY NAME	ADDRESS	CITY	POSTAL CODE	TEL.	E-MAIL

What inspired you to choose the Alzheimer Society of Montreal as the beneficiary for your fundraising activity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 expenditures for your proposed activity.

**Gross income**

DESCRIPTION	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 SOCIETY OF MONTREAL**

Please indicate if you wish to receive our e-newsletter (and help us reduce our production and mailing costs), which is filled with information and updates about the Society as well as past and upcoming events.  YES  NO

My e-mail address(es) \_\_\_\_\_



## FORM FOR DONATIONS TO BENEFIT THE ALZHEIMER SOCIETY OF MONTREAL

Event's name \_\_\_\_\_ Form number \_\_\_\_\_  
 Participant's name (Family name, first name) \_\_\_\_\_

	TITLE (MR. / MRS.)	FIRST NAME	FAMILY NAME	ADDRESS	CITY	POSTAL CODE	E-MAIL	DONATION	TAX RECEIPT	
									YES	NO
1								\$		
2								\$		
3								\$		
4								\$		
5								\$		
6								\$		
7								\$		
8								\$		
9								\$		
10								\$		
11								\$		
12								\$		
13								\$		
14								\$		
15								\$		
16								\$		
17								\$		
18								\$		
19								\$		
20								\$		
<b>TOTAL DONATIONS COLLECTED</b>								\$		