

Third Party Event Application Form

Contact Name: _____

Company Name: _____

Address: _____

Postal Code: _____ Phone: _____

Fax: _____ E-mail: _____

Do you request the use of the Alzheimer Society name to help promote the event?

Yes No

Description of Event(s):

Event Date/s: _____

Signature: _____

I have reviewed and understand the Policy on Fundraising Activities.