

3rd Party Application Form



Edmonton – Head Office:
#208 17420 Stony Plain Rd. NW.
Edmonton, AB T5S 1K6
Phone: 780.488.6819 ext.2254
Fax: 780.488.7195
Toll Free: 1.888.566.5864

Email: kbadry@ab.lung.ca
Website: www.ab.lung.ca

EVENT APPLICATION & INFORMATION FORM

Why have you chosen to raise funds on behalf of The Lung Association?

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Tell us about yourself/group/business

Individual/Company/Organization:	
Address:	
Phone Number:	
Nature of your organization's business activity	
Length of Time in Business:	
Number of Employees:	
Who within your organization would be the primary contact regarding the event?	
Contact/s Phone Number/s:	
Contact/s Email:	
Date:	
Signature	

Are you planning to organize the proposed event with any other partner businesses, agencies, etc? If so who?

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Have you ever raised funds for TLA or a similar organization before?

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Tell us about your event - what do you plan to do?

Type of event or activity:	
Event Name:	
Location:	
Date & Time:	
Expected Participation:	

How are you planning to promote the event? Use this area to elaborate on event/activity further details.

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Do you anticipate or require any support from The Lung Association to promote or conduct the event? If so, please describe (be as specific as possible):

- Assistance with Promotion/Advertising Permission to use Alberta Lung Association Logo

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- Issuance of Tax Receipts * Must supply complete contact listing for all receipting*

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- Presence of The Lung Association staff or volunteers at event

What is your planned budget for the event?

Revenue Sources:	
Expenses:	
Sponsors:	
Net:	

Use this area to elaborate further on budget details.

Should interest or attendance be less than expected or unforeseen circumstances arise, do you have a cancellation plan in place for the event? Please describe.

Thank you for taking the time to provide the above information. Upon receipt of this information, your application will be reviewed by the Fund Development department, who will then contact you directly to discuss your fundraising event. Thank you for supporting The Lung Association. I am aware that I may become privy to private information about the Association or the people for whom it services. I agree to hold this information in confidence and not to discuss it with anyone other than those properly concerned. I grant full permission to The Lung Association, Alberta & NWT to use any likeness of me participating in special events or activities without obligation or liability to me.

As a registered Canadian charity, The Lung Association, Alberta & NWT informs our partners about Events, Volunteer Opportunities and Fundraising Campaigns

- OPT OUT - Canada Anti-Spam Legislation (“CASL”) requires that we obtain your consent to receive email from The Lung Association, Alberta & NWT (TLA) that may contain or be important updates; newsletters, fundraising activities, event information or volunteer opportunities. We would like to stay connected! If you choose to opt-out please check the box otherwise permission is granted