

PARTNERS' CIRCLE

Third-Party Fundraiser Form

Name of group or company planning this event:	
Name of person in charge:	
Address:	
City:	Province:
Postal code:	Phone:
Email:	

Event name:
Event date:
Event location:
What type of event do you want to organize?
What is the fundraising goal? \$

Do you plan on selling tickets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much for a ticket?	\$	

Do you need support from volunteers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be seeking sponsors?⁽¹⁾	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who are they?		

(1) The Alzheimer Society of Montreal may provide you with a letter of recommendation for your prospects.

Tax receipt: contact us to find out whether participants of your event are eligible for a tax receipt. You can also refer to the Guide on this matter.



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Please refer to the conditions that apply to your request, specified in the Third-Party Fundraising Guide.

I agree to comply with the policies and procedures of the Alzheimer Society of Montreal:

1. **Compliance with the [protection of personal information \(Act 25\)](#), which the Alzheimer Society of Montreal has adopted.**
2. **Remitting the funds raised in support of the Alzheimer Society of Montreal within a reasonable amount of time:**
 - **The event organizer undertakes to notify the Alzheimer Society of Montreal of the amount raised within seven business days.**
 - **The event organizer undertakes to remit the amount raised to the Alzheimer Society of Montreal within 30 business days.**

Signature of the person in charge

Date (YY/MM/DD)

For the use of the Alzheimer Society of Montreal only

Project receiving date:

Approved by:

Signature:

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