



Fundraising Event Form

On behalf of patients, their families, and loved ones, thank you for your interest in hosting a fundraiser in support of Hospice Halifax. Below is an application to request permission to promote Hospice Halifax through your event. **Please complete and submit to:**

Development Team
Hospice Halifax
902.446.0929

Any questions can be directed to **902.446.0929** or info@hospicehalifax.ca

Date of application:

Name:

Address:

Province:

Postal code:

Phone:

Email:

Name of group/organization (if applicable):

Are you a (an): Employee group
 Association/organization/club
 Corporation
 Other, please specify:

Brief description of event, including location:



Date of event:

Event duration:

Intended audience:

Planned promotion:

Ways in which funds will be raised:

Fundraising goal:

Materials, if needed?

Other details:

I certify that funds raised specifically for Hospice Halifax will be submitted as advertised and in a timely manner to 618 Francklyn St, Halifax NS B3H 3B4.

Signature:

Date:

Thank you for supporting

