

COMMUNITY FUNDRAISING APPLICATION FORM



NAME OF ORGANIZER/COMPANY:

TYPE OF EVENT:

DATE OF EVENT:

LOCATION OF EVENT:

WHAT CAUSE WOULD YOU LIKE TO SUPPORT:

Covenant Centres of Excellence
Tomorrow's Possibilities
Revitalizing Facilities

State-of-the-Art Equipment
Compassionate Care & Programs
Greatest Need

IF YOUR FUNDRAISER IS SUPPORTING A PARTICULAR FACILITY, PLEASE INDICATE THE NAME HERE:

CONTACT PERSON:

MAILING ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

TELEPHONE (PREFERRED):

TELEPHONE (SECONDARY):

EMAIL ADDRESS:

WEBSITE ADDRESS (IF APPLICABLE):

OUR PRIVACY POLICY:

Covenant Foundation is committed to protecting the privacy of its donors, volunteers and other stakeholders, and their personal information. We value your trust and recognize that maintaining this trust requires transparency and accountability in our treatment of the information you choose to share with us. For further information, please refer to our complete privacy policy on our website at: <https://www.covenantfoundation.ca/online-privacy-statement>. If you have any questions about our privacy policy, please call us at 780-342-8126, toll-free at 1-866-342-8126 or email covenantfoundation@covenanthealth.ca

Please return this application to:

Covenant Foundation, Suite #170, One Twelve Campus
10130 112 Street NW | Edmonton, AB T5K 2K4

It can also be scanned and emailed to: foundation@covenanthealth.ca

In support of:

