



# Group Fundraising Information Form

## GROUP INFORMATION

Group/Team Name: \_\_\_\_\_  
 Name of person to receive post-fundraising Thank you letter: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Size of Group/Team: \_\_\_\_\_

## FUNDRAISER INFORMATION

Fundraising Event/Initiative: \_\_\_\_\_  
 Type of Event:                      One-Time                      Annual                      Ongoing  
 Date of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_  
 What inspired you to fundraise for Lions Gate Hospital? \_\_\_\_\_

\_\_\_\_\_  
 Fundraiser Details (briefly describe the fundraiser and how funds will be raised): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## FUNDRAISING MATERIALS:

I would like to use the following materials for my fundraising initiative:

Vertical LGHF Banner	Donation Box	Brochures and Magazines	Amount _____
LGHF Tent	LGHF Stickers	LGHF Flashing Pins	Amount _____
Campaign Video	Social Media Post	Pledge Forms	Amount _____
Other: _____			

\*materials are subject to availability.

**Please send forms to Jennifer McDonald at [jennifer.mcdonald@vch.ca](mailto:jennifer.mcdonald@vch.ca)**