



Trillium  
Gift of Life  
Network

## Community Event Support Materials & Speaker Request Form

Thank you for making Trillium Gift of Life Network (TGLN) a part of your upcoming event. If you are interested in having TGLN representatives speak at your event and/or materials delivered, please fill in the form and return it to [communityevents\\_form@giftoflife.on.ca](mailto:communityevents_form@giftoflife.on.ca) using the 'Submit by Email' button at the end of this form.

**ALL PROVIDED MATERIALS ARE PURELY FOR INFORMATION AND CANNOT BE SOLD.**

As a supportive organization, we'd like your workplace or group to show support for organ and tissue donor registration by creating a BeADonor.ca campaign page. This will help us register more Ontarians so those who need a transplant don't have to wait. Please click [here](#) to learn more about how your organization or group can create a campaign page.

---

Has your organization or group created a BeADonor.ca campaign page?

Yes, Address: \_\_\_\_\_  No

Do you require a speaker?  Yes  No  Volunteer Support

If you are requesting a speaker please indicate how long you would like the representative to speak?  
(e.g. 10 minutes or more):

\_\_\_\_\_

Generally what would your group like to learn from the speaker?:

Is this a public or private event?  Private  Public (If public, the event will be added to the Trillium Gift of Life Network website Calendar of Events. A relevant website, electronic flyer or phone number can be included. Please provide any of that information \_\_\_\_\_)

---

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

# Community Event Support Materials & Speaker Request Form *(continued)*

Organization Name (if applicable) \_\_\_\_\_

Event Name \_\_\_\_\_

Event Date \_\_\_\_\_ Event Time \_\_\_\_\_ Number of expected attendees \_\_\_\_\_

Is this a regular/ annual event?  Yes Frequency \_\_\_\_\_  No

List the corresponding event or organization website (helpful for inclusion on Calendar of Events):  
\_\_\_\_\_

Event Location (address including building name if applicable)  
\_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Is parking available?  Yes  No, please include fee if not free? \_\_\_\_\_

Will the following be available at the event location? (Please indicate Yes or No):

Computer  Yes  No WIFI capability  Yes  No

PowerPoint  Yes  No Projector  Yes  No

Please provide a short description of your event:

Delivery address for support materials (If different from above):

\_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Buzzer Number for multi-address dwellings: \_\_\_\_\_

For residential deliveries, where can package be left if no one is at home? \_\_\_\_\_

Recipient name & phone number if different from applicant above: \_\_\_\_\_

Business name and specific department if delivery will be received at a workplace: \_\_\_\_\_

**TGLN will endeavour to provide your full materials request, however this cannot be guaranteed.**

communityevents\_form@gifttolife.on.ca

## FOR INTERNAL USE

Volunteer Information: