

DONATION | SPONSORSHIP REQUEST FORM

Today's Date:	
Organization:	
Address:	
City:	Province: PC:
Is your organization a: □ Not-for-pro	ofit or □ Charitable organization?
Charitable Registration #:	
YOUR CONTACT INFORMATIO	<u> </u>
Name:	
Phone:	
NAME & DESCRIPTION OF EVE	NT ACTIVITY:
Date of Event/Activity:	
Have we donated/sponsored/suppor	ted you in the past? Yes \square No \square
If yes, when and what was the amount	nt?
CHEQUE DONATION INFORM	
What type of donation are you seeking	
\square Do	oor Prize / Silent Auction Item
□ Sp	onsorship – amount \$
\Box Do	onation - amount \$
Who should the cheque be payable to	0?
Would you prefer the cheque mailed	picked up? Mailed □ Picked Up □
Date required by	
Mailing Address if different from abo	ove:
City:	Prov: PC:
ELECTRONIC FUNDS TRANSFE	ER INFORMATION
Bank Account #	
Transit # (five digit)	Bank # (three digits)

QUESTIONS | CONTACT INFORMATION:

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