

CHARITABLE REQUEST FORM

Date of Submission: _____

Name of Charity/Organization: _____

Contact Name: _____ Position: _____

Charitable Registration Number: _____

Address: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Event, if applicable _____

Mission: _____

What are you raising funds for?

Are you seeking? Check

Participation in an event

Prize Donation

Financial Donation amount \$ _____

Please complete and fax to (519)753-0297, attention Mal McEachern. Thank you for taking the time to complete and submit the information as requested. We wish you success with all your endeavors. Only events raising funds for a registered charity will be considered.