

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?

What Are You Seeking? (Check All That Apply)

Participation In An Event

Prize Donation

Financial Donation in the amount of: \$ _____

Please complete this form and email to Brock McEachern: brock.mceachern@gilbertmceachern.ca.
Thank you for taking the time to complete and submit the information requested. We wish you success with all your endeavors. Only events raising funds for a registered charity will be considered.