



COMMUNITY DONATION APPLICATION FORM

Organization Name: _____

Non-Profit Organization: Yes No

Registered Non-Profit Society: Yes Reg. # _____

Registered Charitable Organization: Yes Reg. # _____

Other: _____

Organization's Mandate, Goals and Objectives: _____

Mailing Address: _____ Postal Code: _____

Contact Person: _____ Position: _____

Phone: _____ Email: _____

Event/ Program Name: _____ **Event/ Program Date:** _____

Goals and Objectives of the Event/Program: _____ **Amount Requested: \$** _____

Benefits, direct and indirect, to the labour movement, CUPE Local 15, and/or the community: _____

Other Information Required:

* A formal donation request letter, including a brief history of the organization, and a detailed description of the event or program for which the donation is being requested.

If requested, a brief presentation may be made at an upcoming General Membership meeting, by prior arrangement.

Yes No

Presenter: _____

For Office Use

Approved by: Executive

Amount Approved: \$ _____

General Membership

Date Approved: _____