



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: _____

<p>Event/ Program Name: _____</p> <p>Goals and Objectives of the Event/Program: _____</p> <p>_____</p> <p>_____</p> <p>Benefits, direct and indirect, to the labour movement, CUPE Local 15, and/or the community: _____</p> <p>_____</p> <p>_____</p>	<p>Event/ Program Date: _____</p> <p>Amount Requested: \$ _____</p>
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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: _____

<i>For Office Use</i>	Approved by: <input type="checkbox"/> Executive <input type="checkbox"/> General Membership	Amount Approved: \$ _____ Date Approved: _____
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