

**Charitable Donation Request Form**

Organization or Group: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Briefly explain your organization, its goals and its relationship with the community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Donation: \_\_\_\_\_

How will the requested donation be utilized within the organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will CUPE Local 3905 be acknowledged? (eg. thank you article in the newspaper, an acknowledgement included in a poster or newsletter, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Upon signature of this page, I declare this information to be accurate and the funds to be utilized for the designated purposes. I also give CUPE Local 3905 permission to publish sponsorship details and information on the Local's website and information pages.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date