



# DONATION REQUEST FORM

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME OF CHAIRPERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DONATION REQUEST: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

1. Is your organization recognized by the CRA as a charitable organization?  YES  NO

Charitable Registration # \_\_\_\_\_

Are you authorized by the CRA to issue a tax receipt?  YES  NO

2. How long has your organization been in existence? \_\_\_\_\_

3. Please specify the purpose(s) of your organization. Identify your role in the organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What will the donation be used for? Why has this project been developed and who will assist? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What is the estimated number of clients who will be served by this activity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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6. When is the Tarandowah Golfers Club donation required? \_\_\_\_\_

7. Please add any other comments you feel would assist the Donation Request Committee in coming to a decision.

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

8. How will a contribution by Tarandowah Golfers Club be acknowledged or recognized by your organization? \_\_\_\_\_

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

Please submit this completed form along with brochures or any other materials that would be helpful for our review of your request to:

**Tarandowah Golfers Club**

Donation Request Committee  
15125 Putnam Road  
Avon, Ontario N0L 1B0  
Fax: 519-269-3299