

Snow Lake Chamber of Commerce CHARITABLE DONATION REQUEST FORM



The following information is required in order for Snow Lake Chamber of Commerce to consider your request

Organization: _____ Date: _____

Organization's Contact Person _____ Title: _____

Mailing Address: City: _____ Prov: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Please make sure your proposal includes the following information:

- A description of your organization, including its mission and major accomplishments
- A copy of the letter from the Revenue Canada stating your organization's charitable donation status, if applicable.
- A list of key staff and titles and current Board of Directors including officer status, if applicable

Contact person's relationship to the organization: _____

Organization Makeup

Employees: _____	Volunteers: _____	Paid Workers: _____	Fund Raisers: _____
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What services are provided by your organization: _____

What percentage of the donation will be used in the community of Snow Lake? _____

How will this donation be used? _____

What kind of advertising/signage and recognition will Snow Lake Chamber of Commerce receive, if any?

Are there any other financial institutions donating at this time? If so, please list. _____

What type of contribution are you seeking? (check one)	
<input type="checkbox"/>	Monetary \$ _____ (please be specific)
<input type="checkbox"/>	Promotional Item(s) Desired Items: _____

By what date do you need the contribution? _____

Please submit complete proposals no less than 30 days before contribution is needed. Incomplete or late proposals may not be considered.

Does your organization have a current membership with Snow Lake Chamber of Commerce? _____

To whom should the check be made payable? _____

Signature of Organization's Officer: _____

Within 30 days following the event, please provide a letter or program showing how funds were used and the benefits the Snow Lake Chamber of Commerce received.