



# Donation Request Application

**Please note:** Our Charitable Donation Policy states that “all donations are for the purpose of providing assistance within the communities in which we operate”. A copy of our policy is available upon request.

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Web address: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of President/Chairperson: \_\_\_\_\_ Phone number: \_\_\_\_\_

Total amount of 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 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 it assist?

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

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6. When is the Credit Union donation required?

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7. Are there other ways the Credit Union might help in lieu of or in addition to a cash donation?

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8. Please add any other comments you feel would assist the Member Relations Committee in coming to a decision.

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9. How will a contribution by the Credit Union be acknowledged or recognized by your organization?

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Please submit this completed application form, along with brochures, financial statements and any other material that would be helpful for our review of your request to:

**Your Neighbourhood Credit Union**  
**Member Relations Committee**  
38 Executive Place  
Kitchener ON N2P 2N4  
Fax: 519-896-2471