



APPLICATION FOR CHARITABLE DONATION
FROM CUPE LOCAL 109

NAME OF CHARITY: _____

CHARITY'S REGISTRATION NUMBER _____

CONTACT PERSON: _____

ADDRESS _____

PHONE NUMBERS _____

EMAIL ADDRESS _____

BRIEF DESCRIPTION OF CHARITY'S PURPOSE/GOALS _____

AMOUNT REQUESTED: _____

WHAT WE PLAN TO DO WITH THE DONATION: _____

HAVE YOU RECEIVED A DONATION FROM CUPE LOCAL 109 BEFORE?

YES _____ NO _____