|  |
| --- |
| **DONATION REQUEST FORM** |
|  |

|  |
| --- |
| **Organization Info** |
| \* Denotes required fields |

|  |  |
| --- | --- |
| \* Organization Country: |  |
| Canadian Charitable Registration Number https://www.donationx.org/Images/icons-qm.png : | Postal Code: |
|  |  |
| \* Organization Name: |  |
| Year Established: |  |
| \* Organization Type: |  |

|  |  |
| --- | --- |
| \* First Name: | Last Name:  (i.e. CEO, President, Executive Director, or Development Officer at the Organization) |
| \* Street: | (No PO boxes please) |
| \* City: | Province: |
| \* Primary Email: |  |
| \* Primary Phone: |  |

|  |  |
| --- | --- |
| \* Mission Statement: |  |
| Website: |  |
|  | |

|  |  |
| --- | --- |
| **Requester Contact Information** | |
| \* First Name: | Last Name: |
| \* Email Address: |  | |
| \* Primary Phone: |  | |
| Cell/Other Phone: |  | |
| \* Title/Relationship to Organization: |  | |

|  |  |
| --- | --- |
|  | |
| **Organization's Event Details** | |
| \* Event Name: |  |
| \* Description: | (Please enter an event description that is not specific to this donor or donation request. You may use the comments below for additional details) |
| \* Event Date: |  |
| \* Event Location: |  |
| \* Number of Guests: |  |
| \* Event Sponsor/Underwriter: | (if no event sponsor/underwriter, please enter N/A) |

|  |  |
| --- | --- |
|  | |
| **Request Details** | |
| \* Item donated will be used for: | |  | | --- | |  | |

|  |  |  |
| --- | --- | --- |
| Attach a Document: | | Select  Please attach a letter on appropriate organization letterhead which describes your event   (Click on Browse button to attach multiple documents. Files will be uploaded when you click submit. A maximum of three attachments will be saved. Attachments must be in one (1) of the following formats: Pdf, doc, docx, xls, xlsx. Limit the file size to less than 4MB.) |
|  | | |
| Referred By: (if applicable) | Please enter the contact name of the person at this organization who requested you to submit your request. Leave blank if no one referred you. | |
| Comments: |  | |

|  |
| --- |
|  |
| |  | | --- | | I will pick up item from Gate 16, Rogers Arena | | Ship to address below | |

|  |
| --- |
|  |
| \*Please Note\*  Submission of this request does not guarantee that your request will be fulfilled. To review the status of your request at any time, please login with your user name and password, which will be emailed to you shortly.  Status of requests will not be received over the telephone. This request system has been implemented to decrease our carbon footprint and to help protect our environment. We appreciate your support. Thank you. |
| I confirm that I am 14 years or older |