




Friendly. Healthy. Community owned.

**Community Giving
General Donation Application**



Date of request _____

Ideal pick up date* _____

*Please allow 7 to 10 days

Type of Donation Requested

Single Event Support

Gift Card

Door Prize

Other (3%CDD,...) _____

Program Support

Card Fundraising

Till Donations

Are you a registered charity ?

Charitable Registration
Number: _____

Organization Name _____

Mailing Address _____

Phone _____ Email _____

Contact Person Name _____

Phone _____ Email _____

Date of Event _____

Event Name _____

How will this event benefit the community?

Have you ever received a donation from the Kootenay Co-op? Yes No

If yes, please describe: _____

Are you being funded for this project from other sources? _____

If yes, from where? _____

Signature _____