

DONATION / SPONSORSHIP REQUEST FORM



Request Coming From: Employee

Community

Type of Request: Charitable Donation

Individual Sponsorship

Community/Team Event

ADDITIONAL INFORMATION

Name of Requesting Employee/Organization (non-employees must include contact info such as email address or telephone number as well):

Name of Recipient (Organization/Individual/Team):

Event/Activity Description (reason for request):

Has CRAIG contributed to this in the past?:

YES

NO

If YES, when?

TYPE OF REQUEST

Monetary

Amount requested: \$ _____

If monetary, who is the cheque to be made out to (name and address)?

Product

If product, what is being requested and how will it be used?

Required by Date:

Charitable Registration Number (if applicable):

OFFICE USE ONLY

Completed forms are submitted to the Director of Human Resources & Finance

Approved

Denied

Reviewer Name

Date

Comments: