

***Donation Request Form***

***Contact Information***

*Name of Charity:*

*Contact Name:*

*Title/Role:*

*Mailing Address:*

*City: Province: Postal Code:*

*Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Contact E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Charitable Donation Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***What is your request? What type of donation/support are you seeking?***

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***What is the primary focus of your organization?***

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***How does your organization contribute to the community?***

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***What other donation avenues is your organization exploring for support of your cause? Will other catering, entertainment and/or gift basket companies be approached? Please list your sponsorship supporters:***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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***When and where will the event take place?***

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***When did byPeterandPauls.com last contribute to your cause****?*

***Are byPeterandPauls.com employees involved with your organization? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_***

***How will our byPeterandPauls.com donation be recognized?***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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***Please submit the completed form for consideration to:***

*Attention: Cathy Reale – Sampogna*

*Executive Assistant
t. 905-326-2000 ext.2410*

*cathy.r@bypeterandpauls.com*

*6260 Hwy 7 Unit 1, Vaughan, ON L4H 4G3, Canada.*

***Office Use Only:***

***Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Donation Request Filled: \_\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_No***

***Donated Items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Donated Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_***