



PLAMONDON CO-OP Request for Donation

(Please print and complete all blanks)

Date submitted to Co-op: _____ Organization Name: _____

Organization Mailing Address: _____

Contact Person's Name & Position: _____

Contact Person's Co-op #: _____ Contact Person's Telephone #: _____

Contact Person's Cell: _____ Email: _____

Number of People who belong to your Organization: _____

Event Name: _____

Event Date: _____

Estimated number of attendees at Event: _____

Type of Support Requested: _____

Projected Budget including revenues and costs: _____

Proceeds of revenue generate will go to: _____

How will Co-op be recognized as a supporter? **(Please ensure "Plamondon Co-op" is used when recognizing donation):** _____

What supplies will you be purchasing from the Co-op for this event: _____

Date response required to reply to request from the Co-op: _____

**Requests for Donation Forms must be completed in full.
They may be submitted in person at the Administration Office, by email to
generalmgr@plamondoncoop.ca or by fax to (780) 798 2112**

For Internal Use by Co-op Staff Only

Date Application Received: _____

Application membership # verified as: _____

In good standing: YES NO

Previous record of donation (s) to this organization: YES No

Check completed by: _____ Name and Positon at Co-op