



DONATION REQUEST

Legal Name of Organization:		Date:	
Cheque Payable To:			
City:		Province:	Postal Code:
Representative Contact (This is the person we will contact for information) <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.			
Name:		Title:	
Daytime Phone:	Ext.:	Email:	

Amount Requested:	
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Have you reviewed Policy 1.6 – Charitable Donations & Solicitations?

1. What is the purpose of your organization?
2. Where are your organization's activities held?
3. What is the purpose for the donation request?
4. How will NSC be recognized for its contribution?
5. How will NSC Residents benefit from this donation?
6. If applicable, please list any funding sources that have already been secured.

Revenues:

Membership Fees:	
Sponsorship:	
Admission Fees:	
Grants:	
Other:	
Total:	

Expenditures:

Materials and Supplies:	
Equipment:	
Coaching Fees:	
Facility Rental Fees:	
Membership Dues:	
Meals and Travel:	
Uniforms:	
Total:	

If you are asking for funding to purchase an asset, what will happen with the asset at the end of your season or if the organization was to become defunct?

****To remain in good standing, please forward a report to Council regarding how your program was advanced with the contribution from NSC. (Include a record of volunteer hours if required)**

A vibrant and dynamic County, reflecting strong values and progressive attitudes, while balancing nature and economic growth in a global environment.