

## Donation Request Application

**Please note:**

**Our Charitable Donation Policy States that “all donations are for the purpose of creating the safest environment possible for our rural Ontario communities”. A copy of our policy is posted on our website, at [www.northblenheim.com](http://www.northblenheim.com)**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Web address: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone No \_\_\_\_\_

Name of President/Chairperson: \_\_\_\_\_ Phone No. \_\_\_\_\_

Total amount of donation request: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

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Is your organization recognized by the CRA as a charitable organization? YES NO  
Charitable Registration #: \_\_\_\_\_

Are you authorized by CRA to issue tax receipt? YES NO

How long has your organization been in existence? \_\_\_\_\_

Please specify the purpose(s) of your organization. Identify your role in the organization.

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What will the donation be used for? Why has this project been developed and who will it assist?

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What is the estimated number of clients who will be served by this activity?

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When is the North Blenheim Mutual donation required?

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Are there other ways that North Blenheim Mutual might help in lieu of or in addition to a cash donation?

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Please add any other comments you feel would assist North Blenheim Mutual in coming to a decision

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How will a contribution by North Blenheim Mutual be acknowledged or recognized by your organization?

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Please submit this completed application form, along with any other material that would be helpful for our review of your request to:

North Blenheim Mutual Insurance Co.  
11 Baird Street  
Bright, Ontario  
N0J 1B0  
Fax: 519-454-8785  
info@northblenheim.com