

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

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: _____

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.

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

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

When is the North Blenheim Mutual donation required?

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

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

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

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