

**REQUEST FOR DONATION**



**Name of organization:** \_\_\_\_\_

**Address:**

Street no.	Street name	Office/Floor
City	Province	Postal code

**Telephone:** \_\_\_\_\_ **Fax :** \_\_\_\_\_ **Website address :** \_\_\_\_\_

**Contact person:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Registration number from Revenue Canada:** \_\_\_\_\_ **Quebec Business Number (NEQ):** \_\_\_\_\_

**Brief description of the organization** (*history, objectives, activities, achievements, etc.*): \_\_\_\_\_

\_\_\_\_\_

<p><b>Key Executives:</b></p> <p>Name: _____</p> <p>Title: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Name: _____</p> <p>Title: _____</p>	<p><b>Directors:</b></p> <p>Name: _____</p> <p>Title: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Name: _____</p> <p>Title: _____</p>
--	---

**Annual budget:** \$ \_\_\_\_\_ **Number of employees in the organization:** \_\_\_\_\_

**Sources of funding** (*public and private*): \_\_\_\_\_

**Amount of donation solicited:** \$ \_\_\_\_\_ **Check payable to:** \_\_\_\_\_

*(Note: Include a copy of the organization's most recent audited financial statements for requests for donations exceeding \$5,000)*

**Area targeted by the project** (*check the appropriate box*):

Health                       Kids and youth                       Amateur sport  
 Other, specify : \_\_\_\_\_

**Project description:** \_\_\_\_\_

\_\_\_\_\_

**Other partners involved in the project and their contribution:** \_\_\_\_\_

**Reason for presenting ADF Group with a request for donation:** \_\_\_\_\_

**Signature of the organization's official:** \_\_\_\_\_

**Name and title of the signatory** (*printed letters*) \_\_\_\_\_ Date \_\_\_\_\_

<b>Space reserved for ADF Group Inc.:</b>	Decision rendered: _____	Amount of donation _____ \$
<input type="checkbox"/> Accounting Department	Signature : _____	Date : _____