



## Donation/Sponsorship Request Form

**Request From:**  Employee

Community Organization

Charitable Organization

**Type of Request:**  Individual Sponsorship

Community/Team Even

Donation

### ADDITIONAL INFORMATION

**Name of Requesting Employee/Organization** (non-employees must include contact info such as email address or telephone number as well):

**Name of Recipient** (Organization, Individual, or Team):

**Event/Activity Description** (reason for request):

Has CRAIG contributed to this in the past?

YES  NO

If YES, when?

### TYPE OF REQUEST

Monetary

Amount requested: \$ \_\_\_\_\_

If monetary, who is the cheque to be made out to (name and address)?

Product

If product, what is being requested and how will it be used?

Required by Date:

Charitable Registration Number (if applicable):

Provide additional comments to support request:

### OFFICE USE ONLY

Completed forms are submitted to the Human Resource Manager  
Resources & Finance

Approved

Denied

Reviewer Name

Date

Signature of Requester:

Comments:

Date Submitted: