

Yellowknife Direct Charge Co-op Request for Donation

Date Submitted to Co-op: _____

Organization name _____

Organization mailing address _____

Contact person's name & position with the organization _____

Contact person's Co-op # _____

Contact person's telephone: _____ Fax: _____

E-mail: _____

Date of event _____

Description of event or activity _____

Estimated number of attendees at the event: _____

Type and value of support requested _____

Benefit to be derived by the Co-op _____

Number of people who belong to your organization _____

Projected budget including revenues and costs _____

How will the Co-op be recognized as a supporter? _____

Date response requested from the Co-op: _____

Requests for Donation Forms must be completed in full.

They may be submitted in person at the Member Service counter or by fax to 873-3769.



For Internal Use by Co-op Staff Only: