

Request to Hold Fundraising Activity

Yellowknife Direct Charge Co-op
321 Old Airport Road, Yellowknife, NT X1A 3T3

Organization Name: _____

Organization Address: _____

Contact Person's Name & Title: _____

Contact Person's Co-op #: _____

Contact Telephone #: _____ Fax: _____

Contact Email: _____

Activity Requested (please circle): Grocery Bagging Table Car Wash

Benefit to be derived by the Co-op: _____

Number of people belonging to organization: _____

Projected budget, including revenues & costs: _____

How will you recognize the Co-op as a supporter? _____

Please return this form to the Member Services Counter or fax it to 873-3769.

(for Co-op use ONLY)

Date Received: _____ Date contacted organization: _____

Notes (ie: messages left, emails sent: (print & attach emails & email responses)

Confirmed Date of Activity: _____

