



## 2022 CORPORATE GIVING DONATION REQUEST FORM

Please email completed application to [corporategiving@steelrivergroup.com](mailto:corporategiving@steelrivergroup.com)

### Contact Information of Individual Completing the Form

<b>Name:</b>	
<b>Title:</b>	
<b>Contact Number:</b>	<b>Email Address:</b>
<b>Date Completed:</b>	

### Information of Organization Requesting Support

<b>Organization Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Website:</b>		
<b>Indigenous Organization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other please explain		

Steel River Group feels we have the most impact by concentrating our community investments in regions in which we operate or partner with. Please note that preference is given to those organizations.

### Donation Details

<b>Event/Program Name:</b>	
<b>Start Date &amp; End Date:</b>	
<b>Location:</b>	
<b>What Type of organization is this?</b>	<input type="checkbox"/> An organization registered as having charitable status by the Canada Revenue Agency (CRA) <input type="checkbox"/> A provincially registered not-for-profit organization <input type="checkbox"/> An unregistered community organization or a public institution
<b>Charitable registration number (if applicable):</b>	
<b>What type of request are you making:</b>	<input type="checkbox"/> Support of a community project or initiative <input type="checkbox"/> Donation
<b>Focus/ Area of Care:</b>	<input type="checkbox"/> Children & Youth <input type="checkbox"/> Sports <input type="checkbox"/> Education <input type="checkbox"/> Indigenous & Community Investment



**Tell us about your organization? Please describe the programs and services your organization provide:**

**Tell us about the project/fundraiser:**

**How will the donation benefit your organization?**

**Indicate current affiliation or past Steel River Group support, if any:**

**Please describe how Steel River Group's contribution will be recognized?**



If the funding request includes an information package/presentation or you wish to include additional information, please attached to the completed application form.

<b>Dollar amount requested:</b>	<b>Tax receipt provided:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Deadline for donation (mandatory field):</b>	

Please note we receive a large number of requests each year and are unable to fulfill all of them. We will do our best to respond to your application in a timely matter.

Thank you for the funding request. Your application will be reviewed and we will reach out should any further information is required.

I acknowledge that the information I have provide is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Committee Use Only

<b>Date Received:</b>
<b>Project Name (if applicable):</b>
<b>Date Received:</b>

