



CCAA Donation Request Form

Please fill out the information below and fax or mail by March 31.

REQUESTING ORGANIZATION: _____

CONTACT NAME: _____ PHONE: () _____

MAILING ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

IS THIS DOCUMENT REQUEST IN ASSOCIATION WITH A PARTICULAR EVENT? YES NO

IF SO, WHEN IS THE EVENT? _____

PLEASE GIVE THE NAME OF THE EVENT AND A BRIEF DESCRIPTION OR ATTACH EVENT INFORMATION: _____

HOW WILL THIS DONATION BE USED (i.e. fees, equip. etc.): _____

HAS THE CCAA CONTRIBUTED TO THE REQUESTING ORGANIZATION IN THE PAST?
 YES NO

IF YES, WHAT AND WHEN?

PLEASE GIVE ADDITIONAL COMMENTS, DIRECTIONS OR DETAILS WE MAY NEED TO KNOW:

The undersigned hereby certifies that a) the information in this application and supported documents are correct to the best of his/her knowledge; and b) funds will be used for the projects outlined in the application and agreed by both parties.

X _____
SIGNATURE

DATE

ALONG WITH THIS APPLICATION, PLEASE INCLUDE A BRIEF DESCRIPTION OF THE REQUESTING ORGANIZATION AND MAIL OR FAX TO:

Centennial College Alumni Association
C/O Donations Committee
P.O. Box 631, Station A
Toronto, ON M1K 5E9
Phone: 416-289-5218
Fax: 416-289-5237

APPROVED <input type="checkbox"/>	DATE FILLED	PICK UP SIGNATURE	DATE
REJECTED <input type="checkbox"/>		X	