



Donation Request Form

GENERAL INFORMATION

Name of Organization:

Contact Name:

Phone Number:

Title:

Email address:

Mailing Address:

City:

Province:

Postal Code:

Are you a registered charity or Non-Profit organization?

No Yes

Business Number (BN)/ Registration Number: _____
(as provided by Canada Revenue Agency)

Are you currently being supported by any of the following?

United Way

Children's Miracle Network

Canadian Red Cross

Your organization's activities focus on which of the following?

Children

Health & Human services

Education

DONATION REQUEST

Donation Type: Amount: \$ _____ Items requested: _____

Donation required by (Date): _____

Purpose of Donation (event, auction, fundraiser, etc): _____

Is this a local/regional or national initiative?

Local

Regional-Province: _____

National

Has your organization received support from Topco in the past?

No Yes

Yr: _____ Amount: \$ _____

Will you be providing Topco with an official tax receipt?

No Yes

COMMENTS or ADDITIONAL INFORMATION (limit of 800 characters – 150 words)