

Legion Donation Request Form

About your Organization/Group

Name of
Organization

Date

Mailing address:

Street address :

City:

Province/
Territory:

Postal code

Contact Person

First name:

Last name:

Phone number:

E-mail:

This Group is a:

- School group/club
- community organization-youth
- community organization-adult
- community organization-seniors
- Military/RCMP/Veterans organization
- Other

Number of
people in your
group/
organization

This group supports

- Children/youth
- Adults
- Seniors
- Military/RCMP/Veterans,and/or their families

Please tell us about your group:

Please tell us how the community benefits from your group?

Donation amount requested:?

Date Donation is Needed By

Please explain what you are requesting the funds for?

Have you requested funds from another organization for the same purpose

Yes

No

Have you received funds from another organization for the same purpose

Yes

No

We haven't heard back from them yet

Please send completed forms by email to : branch164yellowknife@outlook.com or drop off at the Legion located 4511 Franklin Ave