



1240 Bay Street, Suite 304, Toronto, Ontario, M5R 2A7
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DONATION REQUEST FORM

Name of requesting Organization:

Address:

Charitable Registration Number: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

E-Mail: _____

FUNDING INFORMATION

Who will be helped by this support?

Geographic Region Served:

Amount Of Request: _____

How Will Funds Be Used? *Please be as specific as possible.*

