

Community Support Application Form

Please complete this form in full. This application form must accompany a covering letter on organization letterhead. Visit safeway.ca for complete application process information and criteria for eligibility.

Address: Postal Code: Contact Name: Name of Event/Project:					Province:
Contact Name:			Website:		
Name of Event/Project:		Contact F	Phone:	Contact email:	
				Event Date:	
Description of Event/Project (in	ncluding event	goals, who will benefit	how success will be measured):		
W0.6		0/41			
How will Safeway be recognize					
☐ Website		□ Event Program□ On Site Banner	☐ Emcee Mention during program ☐ Newsletter		
□ Advertising (newspaper, rad □ Social Media	, ,	☐ On Site Display	Other (specify)		
What is your budget for this event?			How many people will attend your	event?	
Please specify what kind of su	pport you requ	ire from Safeway and t	he value: □ Food product □ Prizi	ng (gift card basket)	☐ Financial (cash)
Details for support (value, food	quantity):				
Will Safeway be the exclusive o	grocery sponso	or of this event? 🗆 Yes	s □No		
Have you received support fror	n Safeway in t	he past? If yes, what/I	now much and from which location?	□ Yes □ No	
When:	Amount:	Loc	ation:		

Requests over \$100

Donations exceeding \$100 should be submitted using the application form and emailed to safewaycommunity@sobeys.com