

DONATION REQUEST FORM

Please complete and submit the information below in its entirety. Submission of this form does not guarantee that the request will be able to be fulfilled. Requests must be received at least four (4) weeks prior to your scheduled event. **FORMS NOT COMPLETED IN FULL OR SUBMITTED WITHIN THE REQUIRED TIMELINE WILL NOT BE CONSIDERED.** Please write legibly.

Rec Services 

ORGANIZATION

Primary Contact Name: _____

Name of Organization: _____

Phone: _____ Fax Number: _____

Address: _____ Postal Code: _____

E-Mail: _____

Web Site: _____ Charitable Organization No.: _____

Please provide a brief summary of your organization (i.e. purpose/mission) and those who directly benefit from it?

Rec Services 

EVENT DETAILS

Date of Event: _____

Name of Event: _____

Where will your Event be held: _____

How long will your Event run: _____

Event Details Continued.....

Describe your Event: _____

Who or what will your event benefit: _____

What would this donation be used for (i.e. raffle, door prize etc.): _____

What age group(s) is your event supporting: _____

How many people do you expect to be attending your event: _____

How will Recreation Services be recognized as a contributor: _____

Signed or Submitted By: _____ Date: _____

Please submit this form to:

Alison Fisher
c/o Recreation Services
Faculty of Kinesiology and Health Studies
University of Regina
3737 Wascana Parkway
Regina, SK S4S 0A2
Fax: 306.337.2691
Email: Alison.Fisher@uregina.ca

Recreation Services will make every effort to process your request within 15 days of receiving your request. All decisions made by the Recreation Services Department are final.

Please keep in mind that submitting a request does not guarantee that you will receive a donation as resources are limited.

Thank you for considering Recreation Services as a partner