

Gamma-Dynacare - Donation Request Form



Part 1 - Organization Profile

Name of organization

Charitable registration number (as provided by the Canada Revenue Agency)

What is the primary focus of your organization?

If other, please describe

What is the geographic scope?

If 'local or community', please tell us where

Please give a brief history of your organization

Please list your organization's goals and achievements

Please give a description of the clients/groups served

Did a Gamma-Dynacare employee refer you to this application?

Yes No

If yes, please provide details

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Part 2 - Contact Information

Primary Contact Person

First and Last Name

Position in Organization

Telephone number

Extension if required

Email Address

Organization website address

Address of Organization

Number and street

Address line 2 (if required)

City

Province or territory

Country

Postal code

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Part 3 - Request Details

For reference purposes, please provide a name for this project, program or campaign

Please describe your project, program or campaign (including dates). What do you plan to do?

What is the geographic scope of this project, program or campaign?

What is the total budget?

Money raised to date

What amount are you requesting from Gamma-Dynacare?

What are the predicted outcomes of this project, program or campaign, and how will you measure whether you have been successful in achieving those outcomes?

How do you plan to recognize our involvement and support?

Has your organization received funding from Gamma-Dynacare in the past?

Yes

No

If yes, please provide details