

## Donation Request Form

**Please choose type of donation:**

- Hardship Fund (members only)**
- Fundraising/Sponsorship (members/family members)**
- Charitable Donation (external charities/organizations)**
- Other (please specify):** \_\_\_\_\_

**Amount requested:** \$ \_\_\_\_\_

**Date donation is required (if approved):** \_\_\_\_\_

**Reason for Request (you may attach a separate sheet if necessary):**

**Charity/Organization Name:** \_\_\_\_\_

**Cheque to be made payable to:** \_\_\_\_\_

**Your name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Please note, it may take up to 2 weeks to receive a response.**

**Please submit all requests to:**  
**Sharon Parent**  
**OPSEU Local 329 Secretary**  
**Awenda Program**  
**500 Church Street**  
**Penetanguishene, Ontario**  
**L9M 1G3**

For Local Use Only:

Amount Approved: \$ \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied By: \_\_\_\_\_ Date: \_\_\_\_\_