

**MOHAWK INN AND CONFERENCE CENTRE
CHARITABLE GIVING FORM**

Date: _____

Organization Information

Organization Name: _____

Is your organization a) a registered charity, b) a not-for-profit organization, or c) other?
(Please circle one.)

If you circled 'c) other,' to the previous question, please specify:

Address: _____

City: _____ Province: ON Postal Code: _____

Website Address: _____ Email: _____

Contact Person Information

Name: _____ Position: _____

Email: _____ Phone: _____

Request Information

1. What is the name of your project or event?

2. When does it start?

3. When does it finish?

4. Are you requesting a financial contribution? (Please circle one.) Yes / No

5. If you answered 'Yes' to question 4, please indicate the request amount: \$_____

6. If you answered 'Yes' to question 4, please indicate whether you are requesting a) a donation, or b) sponsorship funding. (Please circle one.)

