

LESLEY STOWE FINE FOODS LTD.
DONATION REQUEST FORM

Name of project / event (if applicable):

Date of project/event (if applicable):

Name of contact person:

Address:

Telephone number:

Fax number:

E-mail address:

Web site:

Charitable registration number:

Description of organization (include mission statement if applicable):

Description of project or event (if applicable):

Description of how support/donation will be used within the program or project:

Description of how your organization and this program or event supports people and communities within the Greater Vancouver Regional District:

If you plan to recognize donors, please provide a description of how:

Percentage of administrative costs for organization:

Donation request:

Date Required: