

Donation & Sponsorship

APPLICATION FORM



Central Plains

When preparing your proposal, please ensure that **all of the questions** below have been answered. Due to the volume of requests we receive, please allow **up to 2 weeks** for us to respond.

For donation requests of **\$1,000 or more**, please ensure you submit your application a minimum of **one month in advance** to ensure all submissions are reviewed in a timely manner.

Organization Name: _____

Category of Organization: Health & Wellness Sports and Recreation Arts & Culture
 Youth Education Community Non-Profit Other

If other, please specify _____

Organization's Mailing Address: _____

Town: _____ Postal Code: _____

Is your organization a member of Central Plains Co-op? If so, member number is: _____

Mission/purpose of organization:

Contact Person: _____ Position/Title: _____

Contact Person's Daytime Phone: _____ Contact Person's Email: _____

Project/Event Name: _____

Date of Project/Event (if applicable): _____

Type of Support Requested (i.e. gift card, door prize, etc...):

Please give a brief description of your request (i.e. what the donation will be used for, type of event, etc...):

Thank you for your application. Applications will be directed to our Member Relations Team.