



We serve the children of the world
One child
One community at a time

How can we help you?



Donation Request Form

Organization: _____

Contact Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Monetary Donation Request Amount: \$ _____

Date Donation is needed: _____

Does your organization hold charitable status? Yes No

Has Seaway Kiwanis provided a donation for your organization in the past? Yes No

If you indicated 'yes' in the question above, how much and when?

Please describe the purpose of the donation:

The Seaway Kiwanis Club of Sarnia-Lambton

is proud to have been serving our community for over 50 years. We continue to work closely with community leaders and local government officials on exciting new projects that fulfill our mission of improving the lives of children in Sarnia-Lambton.



We serve the children of the world
One child
One community at a time

How can we help you?



Please provide further detail explaining the financial breakdown for this donation.

Important: *Be as specific as possible because the Donations Review Committee will review the information to determine if it fits the mandate of the Seaway Kiwanis.*

(Feel free to use point form if you wish)

Additional Information or Comments:

To the best of my knowledge, the above information is correct. Furthermore, if this application is successful and the donation is approved I will ensure the funds are allocated exactly as they have been described in this application.

Signature

Date

Print Name

Title (Relationship to Organization)

*The Seaway Kiwanis Club of Sarnia-Lambton
is proud to have been serving our community for over 50 years. We continue to work
closely with community leaders and local government officials on exciting new projects
that fulfill our mission of improving the lives of children in Sarnia-Lambton.*