



# Painted Hand Community Development Corporation

Suite 2 – 21 Bradbrooke Ave. N., Yorkton, Sask. S3N 3R1

Ph: (306) 782-1525 Fax: (306) 782-1523

## DONATION REQUEST FORM

PLEASE make sure all information is clearly printed. Complete all sections of the application. If additional space is needed, **summarize on the application form** and attach additional sheets as required. Requests are reviewed on an ongoing basis, but in general you should allow 3 to 4 weeks for a response.

Today's Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (day) (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Please check one:      **Special Event**      **Fundraiser**      **Community Service Program**      **Emergency**

Name of Event, Fundraiser, Community Service Program or Emergency:

\_\_\_\_\_

Location: \_\_\_\_\_

Proposal Information: (Date, Time, Number of people to attend, and Purpose)

\_\_\_\_\_

Who do the proceeds benefit and how will funds or items received from the Painted Hand CDC be used?

\_\_\_\_\_

Funds requested from the Painted Hand CDC: \$ \_\_\_\_\_ or

Items requested:

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Have you received funding or Items from us before?      Yes      No

How will the contribution of Painted Hand CDC be recognized?

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**DECLARATION**

On behalf of the Applicant, I hereby represent, warrant and certify the following:

- (a) That the information contained in this application is true and correct;
- (b) That we hereby authorize any duly appointed representatives of PHCDC to obtain from and share with such persons or organizations, public or private, any information necessary to complete their assessment of my application; and
- (c) I hereby provide my authorization and consent for the PHCDC to utilize any information contained in this application, along with any photographs provided by me for use in conjunction with their operations including the preparation of their annual report, or any other related public disclosure.

Signature of Authorized Representative (on behalf of Organization)      Position

Print Name

Date

Signature of Witness

Position

Print Name

Date