

Charity Impact Story Collection

Coordinator Name: _____

Charitable Organization: _____

Charitable Gaming Centre: _____

Submitted By: _____
(Please include name and title.)

Email: _____ Phone Number: _____

Charity Segment (please check all that are applicable):

- | | |
|---|---|
| <input type="checkbox"/> Health and Social Services | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Community Support | <input type="checkbox"/> Education |
| <input type="checkbox"/> Senior Services | <input type="checkbox"/> Religious Groups |
| <input type="checkbox"/> Arts & Culture | |

Monies Raised Through Charitable Gaming Annually: _____

Date Submitted: _____
yyyy-mm-dd

Please describe your organization and the type of work it does in your local community.

How long has your organization been raising funds through cGaming?

Describe a very specific story identifying your organization's assistance to an individual or group of individuals (minimum of 100 words).

Include any logos or photos that support this organization or specific story.

By emailing your story and related photos of how you use your cGaming funds in your community to your Charity Coordinator, you understand and agree that this material may be used publicly to promote the impact of cGaming. Media may include newsletters, websites, press releases and social media. No names or identifying personal information will be used without written permission.