

Charity Contact Information Form

Kawartha Bingo Charity Association

Organization Information

Name of Organization _____
Address _____
AGM Month _____
Website _____
Phone _____ Alt Phone _____
Email _____

Primary Contact Information

Name _____
Title _____
Work Phone _____ Alt Phone _____
Email _____

Secondary Contact Information

Name _____
Title _____
Work Phone _____ Alt Phone _____
Email _____

Date of Information: _____