



APPLICATION FOR CHARITABLE DONATION

Please print. ALL information must be completed before application is considered.

Organization Name: _____

Street Address: _____

Mailing Address: _____

Contact Name: _____

Contact phone number(s):
Business () _____
Residence () _____
Fax () _____

Type of organization:
Corporation _____
Not-for-profit _____
Individual _____
Other _____

Revenue Canada Charitable Registration Number _____

Has your organization applied for funding support from Cares Foundation within the past twelve months?
 YES NO

Describe your organization's purpose and activities (attach additional information as appropriate):

Please list all **types and levels** of funding your organization receives

\$ _____

\$ _____

\$ _____

\$ _____

Board of Directors of your organization:

<u>NAME</u>	<u>POSITION</u>	<u>POSITION/COMMUNITY/AFFILIATION</u>

Date organization established D_____/M_____/Y_____

Number of paid staff: _____

Number of volunteers: _____

Number of members: _____

Is your organization part of a religious affiliation? YES NO

Is your organization part of a political affiliation? YES NO

What is the amount of funding you are seeking from The Cares Foundation? \$_____

Campaign financial objective \$_____ Campaign time duration _____

For what purposes will the funds be used? _____

Will an income tax receipt be supplied? YES NO

Please list corporations that have committed to support your financial campaign and indicate the **level of financial assistance they are providing.**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please provide, as attached documentation in support of your request, your most recent financial statements (preferably audited). If your organization is seeking capital funding, please provide evidence of your organization's ability to fund operating expenses.

The Applicant understands that the information collected on this form is to allow the Cares Foundation to evaluate its request for financial support. The Applicant further understands that the information collected will be used and disclosed as may be reasonably necessary by Niagara Fallsview Casino Resort to assess and approve such request and consents to the collection, use and disclosure of such information for that purpose.

Signature of Applicant: _____

Date: _____