

Donation Request Form

Please choose type of donation:

- Hardship Fund (members only)
- Fundraising/Sponsorship (members/family members)
- Charitable Donation (external charities/organizations)
- Other (please specify): _____

Amount requested: \$ _____

Date donation is required (if approved): _____

Reason for Request (you may attach a separate sheet if necessary): _____

Charity/Organization Name: _____

Cheque to be made payable to: _____

Your name: _____ Date: _____

Email: _____ Phone #: _____

Please note, it may take up to 2 weeks to receive a response.

**Please submit all requests to:
Sharon Parent
OPSEU Local 329 Secretary
Awenda Program
500 Church Street
Penetanguishene, Ontario
L9M 1G3**

For Local Use Only:

Amount Approved: \$ _____ Approved By: _____ Date: _____

Request Denied By: _____ Date: _____