



## CCAA Donation Request Form

Please fill out the information below and fax, mail or email to [alumni@centennialcollege.ca](mailto:alumni@centennialcollege.ca) by March 31.

REQUESTING ORGANIZATION: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

IS THIS DOCUMENT REQUEST IN ASSOCIATION WITH A PARTICULAR EVENT?  YES  NO

IF SO, WHEN IS THE EVENT? \_\_\_\_\_

PLEASE GIVE THE NAME OF THE EVENT AND A BRIEF DESCRIPTION OR ATTACH EVENT INFORMATION: \_\_\_\_\_

HOW WILL THIS DONATION BE USED (i.e. fees, equip. etc.): \_\_\_\_\_

HAS THE CCAA CONTRIBUTED TO THE REQUESTING ORGANIZATION IN THE PAST?

YES  NO

IF YES, WHAT AND WHEN? \_\_\_\_\_

PLEASE GIVE ADDITIONAL COMMENTS, DIRECTIONS OR DETAILS WE MAY NEED TO KNOW: \_\_\_\_\_

The undersigned hereby certifies that a) the information in this application and supported documents are correct to the best of his/her knowledge; and b) funds will be used for the projects outlined in the application and agreed by both parties.

**X** \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

ALONG WITH THIS APPLICATION, PLEASE INCLUDE A BRIEF DESCRIPTION OF THE REQUESTING ORGANIZATION AND MAIL OR FAX TO:

Centennial College Alumni Association  
C/O Donations Committee  
P.O. Box 631, Stn. A  
Toronto, ON, M1K 5E9  
Phone: 416-289-5218 Fax:416-289-5237

APPROVED <input type="checkbox"/>	DATE FILLED	PICK UP SIGNATURE	DATE
REJECTED <input type="checkbox"/>		<b>X</b>	