

Donation Request Form

Name of Organization: _____

Charitable Status
Number (if applicable): _____

Applicant Address: _____

City, Province: _____ Postal Code: _____

Contact Name: _____ Role: _____

Email: _____

Phone: _____

Amount Requested: _____

Project Timeline: _____



Project Description:

Project Outcomes:

Donor Recognition (i.e. total social media posts, total length of time on website, etc.):

Donation Approval (For Foundation Use Only)

Gary Pooni, Founder

Mina Pooni, President

