



ATTAWAPISKAT
ENTERPRISES
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APPLICATION FOR DONATION FORM

ORGANIZATION INFORMATION

Name: _____

Address: _____

Telephone: _____

Fax: _____

E-mail address: _____

Organization mandate: _____

Purpose of donation
(including budget) _____

Amount requested: _____ \$

Signed: _____ Dated: _____

INDIVIDUAL CONTACT INFORMATION

Contact name: _____

Direct telephone/cell: _____

Email address: _____