



Donation Request form for Awesome Little Cupcakes

Please complete the following contact information:

Name of Organization: _____

Address: _____

City _____ **Province:** _____ **Postal Code:** _____

Contact Name:

Contact Number: _____ **Email:** _____

Tax exempt Number: _____ (No funds will be authorized without tax exempt number)

Event Details

Name of Event or Project: _____

Date of Event or Start Date for the Project: _____

(We are requesting at least four weeks' notice of your event or project.)

Location of Event of Event or Project:

Short Description of Event or Projects with Aims and Objectives: _____

Estimated Number of Attendees or Participants: _____

Amount Requested: _____