



## APPLICATION FOR CHARITABLE DONATION

Please print. ALL information must be completed before application is considered.

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact phone number(s):  
Business ( ) \_\_\_\_\_  
Residence ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_

Type of organization: Corporation \_\_\_\_\_  
Not-for-profit \_\_\_\_\_  
Individual \_\_\_\_\_  
Other \_\_\_\_\_

Revenue Canada Charitable Registration Number \_\_\_\_\_

Has your organization applied for funding support from Cares Foundation within the past twelve months?  
 YES  NO

Describe your organization's purpose and activities (attach additional information as appropriate):

\_\_\_\_\_  
\_\_\_\_\_

Please list all **types and levels** of funding your organization receives

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Board of Directors of your organization:

NAME

POSITION

POSITION/COMMUNITY/AFFILIATION

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Date organization established D\_\_\_\_\_/M\_\_\_\_\_/Y\_\_\_\_\_

Number of paid staff: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

Number of members: \_\_\_\_\_

Is your organization part of a religious affiliation?  YES  NO

Is your organization part of a political affiliation?  YES  NO

What is the amount of funding you are seeking from The Cares Foundation? \$\_\_\_\_\_

Campaign financial objective \$\_\_\_\_\_ Campaign time duration \_\_\_\_\_

For what purposes will the funds be used? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will an income tax receipt be supplied?  YES  NO

Please list corporations that have committed to support your financial campaign and indicate the **level of financial assistance they are providing.**

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Please provide, as attached documentation in support of your request, your most recent financial statements (preferably audited). If your organization is seeking capital funding, please provide evidence of your organization's ability to fund operating expenses.

The Applicant understands that the information collected on this form is to allow the Cares Foundation to evaluate its request for financial support. The Applicant further understands that the information collected will be used and disclosed as may be reasonably necessary by Niagara Fallsview Casino Resort to assess and approve such request and consents to the collection, use and disclosure of such information for that purpose.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_