



Donation Request Form

Today's Date:

Date Donation Funds Desired:

Name of Organization:

Contact Person:

Registered Charity #:

Email address:

Phone Number:

Amount Requested (must be specific dollar amount):

Tell us about your organization and what it does.

How will the funds received be used specifically?

How will these funds received impact your organization?

Please describe how or if the Alberta Painting Contractors Association will be recognized as a contributor to your organization.

Thank you for your request. We will be in contact once it has been evaluated. An in-person presentation will be required if selected.