



## COMMUNITY INVOLVEMENT APPLICATION FORM

**CONTACT INFORMATION:** \_\_\_\_\_

Name of Corporation: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

**ORGANIZATION INFORMATION:**

Are you currently a member of AWCCU Financial? YES \_\_\_ NO \_\_\_

Has AWCCU provide funding to your organization in the past? YES \_\_\_ NO \_\_\_

If YES, when and What for? \_\_\_\_\_

Are you requesting funds for a specific event? YES \_\_\_ NO \_\_\_

If YES, please specify: \_\_\_\_\_

What geographic area does your organization/event take place in? \_\_\_\_\_

Does an AWCCU Financial employee/Board member work with your organization as an employee, volunteer or fundraiser? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please give the name(s) and a brief outline of the capacity the employee filed. \_\_\_\_\_  
\_\_\_\_\_

**TYPE OF REQUEST:**

What type of assistance are you requesting?

- Sponsorship \_\_\_\_\_
- Donation \_\_\_\_\_
- Fundraising \_\_\_\_\_
- Partnership \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Funds requested from AWCCU \_\_\_\_\_

Other types of assistance Required: \_\_\_\_\_

Only those applications completed in full will be considered for appropriate giving.

**NOTE:**

All applications will be reviewed and an answer will be provided within two weeks for submission.

Please submit applications via one of the following:

**Mail:** AWCCU Financial, Attention \_\_\_\_\_, 322 King Street West, Oshawa ON, L1H 7L1

**Email:** \_\_\_\_\_

**Fax:** 905-728-4441