

# DONATION REQUEST FORM



Please mail completed form at least six weeks prior to event for consideration

McLaren Equipment | 3464 Horseshoe Valley Rd W | PHELPSTON, ON | L0L 1K0  
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Organization Name \_\_\_\_\_ HST # \_\_\_\_\_

Contact Name(s) \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

Email \_\_\_\_\_

Event Name \_\_\_\_\_

Event Location \_\_\_\_\_

Event Date \_\_\_\_\_

How will the donation be used? *(silent auction, fundraiser, prize, etc.)*

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

### Event Description

*(Please attach an event description on organization letterhead)*

### Additional Information

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