



Discovery Co-operative Ltd.

Gift Card Fundraising Application Form

*Please ensure that **all** of the questions listed below have been answered.

Organization Name: _____

Address: _____ Town: _____

Postal Code: _____ Daytime Phone: _____

Registered Charity Number: _____ (if applicable)

Contact Person: _____ Position/Title: _____

Daytime Phone: _____ Email: _____

Discovery Co-op Membership #: _____ *If you do not have a membership with us, would you like to apply for one - Yes or No (please circle your answer) If yes, may we contact you to provide membership information, if yes please initial here _____.

Please give a brief description of your organization or group, including your mandate, mission, activities, membership, ect.

Please describe your program/event and how it aligns with Discovery Co-op's business, specifically how your program helps provide life's essentials to local families and communities in need.

Please provide a breakdown of how the funding/donation you receive will be spent or utilized:

Thank you for your submission

*All applications will be directed to our General Manager/Marketing & Communications Manager for review.

