

CUPE Local 2773 Donation Request Form

Please complete the following contact information:

Name of Organization: _____

Address: _____

City _____ **Province:** _____ **Postal Code:** _____

Contact Name: _____

Contact Number: _____ **Email:** _____

Event Details

Name of Event or Project: _____

Date of Event or Start Date for the Project: _____

(We are requesting at least 21 prior days' notice of your event or project.)

Location of Event of Event or Project:

Short Description of Event or Projects with Aims and Objectives: _____

Estimated Number of Attendees or Participants: _____

Amount Requested: _____

Please send the form to CUPE Local 2773 President and Treasurer by email cupe2773president@gmail.com and cupe2773treasurer@gmail.com or mail to CUPE Local 2773 College of the Rockies PO Box 8500, Cranbrook, BC V1C 5L7.