



## AT CASH DONATION PROGRAM APPLICATION FORM

Name of Charitable Organization: \_\_\_\_\_

Charitable Registration Number: \_\_\_\_\_

Event Coordinator/Contact: \_\_\_\_\_

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

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

Mailing Address: \_\_\_\_\_

Requested Fundraising Month: 1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

**Please provide a brief description of the work your organization does and how the funds raised would be used (if you require additional space, please submit the details as an enclosure to your application):**

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**Please forward application to:**

Lisa MacKinnon

3 Garfield Street

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