



**Cambrian Credit Union Donation & Sponsorship Request Form**

**Cambrian Member:**  Yes  No **Branch:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_ **Date Funds Required:** \_\_\_\_\_

**Name of Group or Organization:** \_\_\_\_\_

**Cause:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Type of Request:**  Donation  Sponsorship  Prize  Volunteer  In-Kind

Other (please specify) \_\_\_\_\_

**Amount Requested:** \$ \_\_\_\_\_  One Time  Multi-Year Ask

**Has Cambrian provided funds to your organization previously?**  Yes  No

**In what category of Cambrian’s values does this align with?**

Health & Wellness  Financial Literacy  Community Care  Arts & Culture  Education

**Would this ask qualify for a charitable donation receipt?**  Yes  No

Feel free to include any additional letters of request, information packages, proposals or details of your organization, event or cause with this Donation & Sponsorship Request Form.

**Additional Information Enclosed/Attached?**  Yes  No

Thank-you for your application, however, only positive replies will receive a response.

Submit your application to:

Communications & Community Engagement, 225 Broadway, Winnipeg, MB R3C 5R4 or email to [community@Cambrian.mb.ca](mailto:community@Cambrian.mb.ca).

**For Office Use Only – Tax ID number of recipient:** \_\_\_\_\_

**Donation**  **Sponsorship**  **Prize**  **Bring Forward**  **Accepted**  **Declined**