



Donation Request Form

Section 1: Applicant / Group Information

Request Amount: _____ Event: _____
Reason for Request: _____
Full Name (legal parent / guardian must be over 19): _____
Date of Birth: _____ Status Card: _____
Address: _____ Home Phone: _____
Work Phone: _____
Email Address: _____ Cell Phone: _____

Section 2: If applying on behalf of a Minor (skip if not applicable)

Participant Full Name: _____ Date of Birth: _____
Status Number: _____

Section 3: Event Organization Information
This section specifies the funding hosts the specified event. The Tsideldel First Nation will only process payables to the Host of the Event Organization

Attention: _____ Title: _____
Company: _____ Address: _____
Business Phone: _____ Email: _____

Section 4: Other Information
List of required attachments to be included (*application must be completed as the decision is made based on this information*)
Please check if attached.

_____ Expenditure Breakdown
_____ Purpose and benefits of event / function, etc.
_____ If it is a recreational event, a roster is to be included – along with a poster of the event
_____ Other (Program Authority Specification) if requested
_____ If any other additions, changes, or comments that TFN should be aware of, please specify:

Section 5: Indicate Disbursement of Cheque

Pick up at Band Office; by whom: _____ Mail Cheque Yes or No: _____

Applicant Signature Date

Section 6: For Office Use Only – Signature Verification of Approval

AMOUNT APPROVED: _____ GL CODE: _____

Program Manager Approval Program Title & Date

Administrative Director Approval Date