Beaver Valley May Days Donation Request Form

Please complete this donation request form and attach a copy of your organization's donation purpose letter. Donation requests must be made *at least 30 days prior* to the organization's event.

| Name of Organization: | | |
|---|----------------------------|---|
| Purpose of Organization: | | |
| Organization Address: | | |
| Contact Person: | Title: | |
| Email: | Fax: | _ |
| Daytime Phone: | Evening Phone: | |
| Date of your Event: | | |
| Location and Mission of Event: | | |
| Suggested donation requested from May Da | ays Society: | |
| How many people do you expect to attend t | his event? | |
| How will Beaver Valley May Days be acknow | wledged for this donation? | |
| | | |
| Send your donation request to: | | |

Fruitvale, BC V0G 1L0

Box 218

Beaver Valley May Days Society