

Donation/Funding Application Form



As TIMBER MART's national registered Charitable Foundation, Timberkids works with TIMBER MART dealers to solicit, match and disburse funds to **organizations focused on the health and well-being of Canadian children** in the communities where we do business.

To submit a donation request, provide details below. Also, note:

- **We can only donate funds to a registered charity.** Only applications that include organizations with a charitable registration number will be considered.
- We require a local **TIMBER MART dealer(s) donate to the project/program** as well. Only applications that have a dealer participant will be considered.
- There is a \$4,000 annual cap (per dealer) on matching and a **minimum** of \$250 per match.
- Applications must be sent **before the donation** or event takes place. Matching must be pre- approved.

There are three sections. * indicates required information

1) ORGANIZATION INFORMATION

*Organization Name _____

*Address _____

City, Province _____, _____ Postal Code _____

*Charitable Registration Number _____

*Official Registered Charitable Name¹ _____

*Organization Contact Name _____

*Phone (_____) _____ Fax (_____) _____

Email address _____

2) DEALER INFORMATION

*Name of participating TIMBER MART location _____

*Located in (City, Prov) _____

*Dealer contact Name _____

*Dealer donation amount \$_____ in ☐ cash ☐ product

Verification of payment by the dealer is required by the Foundation before the application can be approved
- please include a copy of the cheque or bill of sale (If donation was in product).



3) PROGRAM/PROJECT INFORMATION

Name of project/program _____

*Brief Description of the project/program

Location of project/program (City, Prov) _____

Has Timberkids donated to the project/program in the past? ☐ Yes ☐ No

If yes, when _____ amount \$ _____

Classify this project/program (Check all that apply):

- | | | | |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Physical Health | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Childhood Diseases |
| <input type="checkbox"/> Education | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Spiritual | <input type="checkbox"/> Crisis Intervention |
| <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> Social Health | <input type="checkbox"/> Other _____ | |

Age range of children that will benefit from this project/program _____

Number of children to benefit from this over the course of one year? _____

*Briefly describe how the success of the project/program is/will be measured.

Information submitted by _____ Phone (____) _____

Email _____ Date _____

Email completed sheet to Timberkids@timbrmart.ca or fax 902-835-6971.