

# 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 Name<sup>1</sup> \_\_\_\_\_

\*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

(retail value – verification may be required by the Foundation.)



**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](mailto:Timberkids@timbrmart.ca) or fax 902-835-6971.