

Gander S.C. Community Charities Inc.
in partnership with the
Gander Coop 50/50 Community Fund

Gander Consumers Coop
72 Elizabeth Dr. Gander, NL A1V 1J8
(709)256-4843

Donation Request Information Form

Date: _____

Organization Name: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Donation Amount Requested: _____

Please attach a letter outlining the project/event that you are requesting a donation for. Please address all correspondence to:

Gander S.C. Community Charities Inc.
c/o Coop 50/50 Community Fund Chair
sherrygcoop@gmail.com

Please Note:

1. The 50/50 committee only meets once a month, usually at the end of the month. Please consider this when submitting your request.
2. We do not meet in July and August so requests received during that time may not be reviewed until September.
3. We can only commit to donations for our current fiscal year. Any requests for additional money for the same project must have a new donation request form with attached letter filled out each fiscal year.

Office Use Only:

Donation Amount Approved:_____

Notes:

Sherry Gabriel 50/50 Community Fund Chair

