

Requests for \$5,000 or less



Name of organization requesting support:

Type of support requested:

Sponsorship of \$ _____
Donation of \$ _____ or gifts in kind (please describe)
Volunteers: How many _____
Advertising assistance: please describe _____
Other: _____

Is this a non-profit organization?

Yes No

Do you have a tax receipt number?

Yes No

Will the tax receipt be issued by a local municipality?

Yes No

When will the project commence?

When will the project be complete?

Please provide a brief overview of the project, who your target audience is, as well as include how it will meet one or more of these objectives:

- Enhance community value; projects that reach community wide and will sustain, improve and grow the communities Synergy has a presence in
- Support financial wellness
- Projects and programs that sustain and improve healthcare
- Projects that support local initiatives within the community

How will the funds from Synergy be used for your program? How will this support be recognized?

Date the funding and/or support is required:

Cheque made payable to:

CONTACT INFORMATION

Name:

Mailing Address:

Phone:

(including PO Box
or Civic Address,
City, Province, and
Postal Code)

Email:



Submit at your nearest Synergy Credit Union branch location or via email to synergy.shares@synergycu.ca, Attn: Synergy Shares Committee

Additional comments:



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