

Requests for \$5,001-\$25,000



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

In your overview, please describe the project's benefits to the community, including who and how many it will impact.

What is the visibility of this project in the community?

Do you have the support of your local municipality (Town, Village, City & R.M.)? If yes, please describe.



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

Please provide the overall budget and funding objectives. Please include an overview of your fundraising plan (i.e. breakdown between public and private sector; funds coming from matching campaigns).

How will the funds from Synergy be used for your project?

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:



Additional comments:



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