



Pembina West

# GIFT CARD FUNDRAISING APPLICATION

## COMMUNITY FUNDRAISING



### ORGANIZATION INFORMATION

[APPLY ONLINE](#)

Organization name:

Nearest Co-op location:

Pembina West Co-op membership number of organization or principal member:

Organization's mailing address:

Type of organization:

Registered Charity    Registered Non-Profit    Unregistered Non-Profit    Other: \_\_\_\_\_

Primary focus of the organization:

Agriculture    Arts & Culture    Community Initiatives    Education    Environmental  
 Food Security    Health Sciences    Sport & Recreation    Other: \_\_\_\_\_

### FUNDRAISER INFORMATION

Please describe how your group will utilize the funds raised through this fundraiser:

How many people will be directly impacted by the funds raised?

What is your total fundraising goal?

Which community segment(s) will most directly benefit from the program(s)/project(s) funded by this fundraiser?

Aboriginal Peoples    Cultural Minorities    Elderly/Mature Citizens    Families  
 Immigrants/Newcomers    LGBTQ2S+    Persons with Disabilities    Rural Communities  
 Underserved    Women    Youth    Other \_\_\_\_\_

When would you like your fundraiser to run?

Are these dates flexible?

### CONTACT DETAILS

Contact name:

Title/Position:

Email:

Phone:

I have read and acknowledge the terms of the Pembina West Co-op Gift Card Fundraising Program

Signature

Date

### INTERNAL USE – DATE AND INITIAL

Request received:

Request entered: