

# SUPPORT REQUEST FORM

I have attached a letter containing the details requested below.

Are you a member?

YES

NO

Organization/Individual name: \_\_\_\_\_

Profile of the organization, including its mandate

## Contact information

First & last names: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Event or project information

Title / Name: \_\_\_\_\_

Date: \_\_\_\_\_

Place (precisely): \_\_\_\_\_

Support requested: \_\_\_\_\_

(amount, prize, etc.)

Expected number of attendees: \_\_\_\_\_

Targeted community: \_\_\_\_\_

Age of targeted attendees: \_\_\_\_\_

Objectives of event/project: \_\_\_\_\_

Visibility granted to the Co-op: \_\_\_\_\_



*Please note that your request must be in line with the target-values of the Coopérative agricole d'Embrun Itée.*

*Consult our web site for more details.*

Send your completed form to:

**Coopérative agricole d'Embrun  
Itée.**

926 Notre-Dame St., PO Box 189

Embrun (Ontario) K0A 1W0

Tel: 613.443.2833

Fax: 613.443.1820

[admin@coopembrun.com](mailto:admin@coopembrun.com)

## Internal use only:

Approved

YES

NO

Donation granted: \_\_\_\_\_

Initials: \_\_\_\_\_

Notes: \_\_\_\_\_