



SUPPORT REQUEST FORM

Are you a member? ☐ Yes ☐ No

Organization/Individual Name: _____

Name and mailing address of the payee: _____

Profile of the organization, including its mandate:

Contact information:

First & Last Name: _____

Email Address: _____ Phone: _____

Event or Project Information:

Title/Name: _____ Date: _____

Place (precisely): _____

Support Requested (amount, prize, etc.): _____

Target Age of Attendees: _____

Expected Number of Attendees: _____ Target Community: _____

Objectives of Event/Project: _____

Visibility Granted to Embrun Co-op: _____

Internal Use Only:

Approved? ☐ Yes ☐ No Donation Granted: _____

Initials: _____ Notes: _____

Submit your completed form to La Coopérative Agricole d'Embrun Ltée using one of the methods listed below.