

DONATIONS

Request a donation.

CONTACT INFORMATION

Organization Name	Website URL		
Mission Statement & Purpose:	CRA Charity Number		
Primary Contact Name	Phone Number		
Mailing Address	Email		
Mailing Address:	CITIAII		
	Are you an Ardene Team Member?		
	Are you all Arabite roull monitor.		
	Yes □ No □		
	Employee Number		
PEOLIEST ORIECTIVES			
REQUEST OBJECTIVES			
What type of donation are you requesting today?	Will Ardene receive a tax receipt?		
Product ☐ Monetary ☐	Yes ☐ No ☐		

Describe your request. (0/500 chara	cters)			
*Note: If Monetary, please send sponsorship package with the donation request form.				
Which of the Ardene Foundation Pillars do you support? (please pick those that apply)				
Empowerment	Poverty	Health	Education	
		, , , , , , , , , , , , , , , , , , ,		
Please explain how your program	supports the Ardene Found	ation's mission. (0/500 charac	eters)	
How many people will directly ber	nefit from this program? Ple	ase explain how you determ	nined this number. (0/500	
characters)	. •			
REQUEST DETAILS				
Is this request for an event?	Event Name:	Event Date:		
Yes ☐ No ☐				

Event Description. (0/500 characters)			
Have you previously received donations from Ardene?	If yes, please specify dates and the donation provided. (0/150 characters)		
N D			
Yes No No			
Have you sought donations from other companies?	If yes, please specify which other companies. (0/150 characters)		
Yes □ No □			
Tes E No E			
LOGISTICS			
Please note that shipping is not available for requests within the Greater Montreal Area. Donations will be picked up by the requestor at Ardene's Head Office in Ville Saint Laurent.			
By what date do you need to receive			
the donation?			
Shipping address for donations (P.O. Box not accepted):			

Email to: donations@ardene.com

Due to a high volume of inquiries, please note that incomplete forms may not be considered. Thank you.