



## Corporate Giving Application

### **Contact Information**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Organization's Purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Funding Information**

Corporate Giving Request (if your request is monetary, please attach an itemized budget detailing where the monies will be spent: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event date and purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address for Shipping (if different from above): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your organization received support from CCS in the past?

Y / N (please circle)



Objective and anticipated result as a result of receiving the requested support:

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Any additional comments:

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Thank you for completing the application. You can expect to hear from us within 2 weeks.

Please send your completed application to:

CCS Corporate Giving Committee  
2400, 530 – 8 Avenue SW  
Calgary, AB T2P 3S8  
Email: [corporategiving@ccsincometrust.com](mailto:corporategiving@ccsincometrust.com)