



Charity Of The Month Application Form

Information requested in this application form is the minimum required for the selection of the groups for the charity of the month – Applicants can enclose additional information if necessary.

Name of the Organization :

Contact person :

Phone number :

Alternate Phone number :

Email :

Correspondence address :

City:

Postal Code:

Website :

Are you a registered charity, non-profit : Circle : Y/N

Please give a brief outline of the purpose of your organization/group/charity/society :

Please state why you would like your organization /group/charity/society to be part of the Island Return It Charity of the Month.

For which Island Return It location are you applying for the charity of the month ? _____

Declaration :

I am an authorised representative of _____(name of organization). To the best of my knowledge, the information I have provided on this application form is correct. If Island Return It agrees to choose this organization, the donation amount will be used exclusively for the purposes describes in this application form.

- For Duncan's location- If choosen, a representative from the organization will be at Island Return It Duncan location on one Saturday of the month to showcase the group and initiative. Failing from this last commitment, the groups' application will be denied for the following year.

Signature : _____

Print name : _____

Position in organization : _____

Date : _____

Please scan completed application :

- one per organization/group/charity/society
- before Dec 1st, 2021 5pm.
- In subject line : Charity of the month

Scan and email the application to the Island Return It closest to you

Duncan : info@islandreturnit.com

South Cowichan : southcowichan@islandreturnit.com

If you have any questions, please use the contact form on the website.