



COMMUNITY- Halifax Mooseheads Donation Request Form

Date of Submission:

Organization/Company Name:

Beneficiary/Charity Name:

Harmonized Sales Tax Business Number

Name of the Fundraising Event:

Date of Event:

Site of Event:

Description of Event:

How the donated item will be used (i.e. auction, raffle, door prize etc.)

Expected number of attendees at the event:

How many consecutive years had this event been held?:

Contact Name:

Contact Phone Number:

Contact Email:

Do you need the Mooseheads logo for donation recognition purposes?:

Failure to include all the information on this form will result in denial of your request

Mail:

Halifax Mooseheads Hockey Club
Attention: Shannon Slaughter
Donation Request
5284 Duke Street
Halifax, NS
B3J 3L2

Email:

Shannon@halifaxmooseheads.ca

SUBJECT: Donation Request

Fax:

(902) 423-6413
Attention: Shannon Slaughter
Donation Request

All donation decisions made by the Halifax Mooseheads Hockey Club are final. Thank you.