Donation Request Questionnaire



Contact Information

Name	
Job Title	
Name of Organization/ Charity/Foundation	
Address	
City/Town	
Territory/Province	
Postal Code	
Email Address	
Phone Number	

Event Information

Event Date	
Event Name	
Organization Charitable Number (If applicable)	
Number of people expected to attend	
Have we donated to your organization in the past twelve months? Yes or No	
What is the mission or aim of the organization/foundation/charity?	
What percentage of donations go directly to the cause?	
How will the organization use our donation?	
What kind of exposure will G-P Distributing receive for donating?	
What percentage of the donation is used locally?	

Email the completed questionnaire to <u>orders.foodservice@g-pdistributing.com</u>

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