



DONATION

Request a donation.

CONTACT INFORMATION

Organization Name	Website URL
Mission Statement & Purpose:	CRA Charity Number
Primary Contact Name	Phone Number
Mailing Address:	Email
	Are you an Ardene Team Member?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Employee Number

REQUEST OBJECTIVES

What type of donation are you requesting today?	Will Ardene receive a tax receipt?
Product <input type="checkbox"/> Monetary <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe your request. (0/500 characters)

***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 Foundation's mission. (0/500 characters)

How many people will directly benefit from this program? Please explain how you determined this number. (0/500 characters)

REQUEST DETAILS

Is this request for an event?

Yes ☐ No ☐

Event Name:

Event Date:

Event Description. (0/500 characters)

Have you previously received donations from Ardene?

Yes ☐

No ☐

If yes, please specify dates and the donation provided. (0/150 characters)

Have you sought donations from other companies?

Yes ☐

No ☐

If yes, please specify which other companies. (0/150 characters)

LOGISTICS

Please note that shipping is not provided unless the requestor covers the associated costs. All donations must be picked up at Ardene's Headquarters in Laval, Quebec.

By what date do you need to receive the donation?

Email to: donations@ardene.com

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