

# Trenton Cold Storage Charitable Donation Request Form

## 1. Organization Information:

Are you a Registered Canadian Charity? 1) Yes 2) No

If yes, provide the charitable number: \_\_\_\_\_

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

What is the primary focus of your organization?:  
\_\_\_\_\_

## 2. Primary Contact Person Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

## 3. Request Information

Type of Request: 1) Donation 2) Sponsorship 3) Product

4) Other – please specify \_\_\_\_\_

Specify Exact Request: \_\_\_\_\_  
\_\_\_\_\_

## 4. Event Information

Is this charitable request for a specific event? 1) Yes 2) No

If yes, provide the following information:

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Who/What does the event benefit?: \_\_\_\_\_  
\_\_\_\_\_

*Note: Requests for product must be received four (4) weeks in advance of the event.*

Due to the number of requests, only those who are selected for a donation will be contacted. Please note as a third party warehouse, the product we store is owned by our customers and as such we cannot authorize any donations of this product without their approval.

## Mail Completed form to:

Trenton Cold Storage  
Attn: Human Resources Department  
21 Albert St. PO Box 100  
Trenton Ontario K8V 5R1