

## GENERAL INFORMATION

Name of Organization:		
Contact Name:		Phone:
Title:	Email:	
Mailing Address:		
City:	Province:	Postal Code:
Your organization's activities focus on:		
<input type="checkbox"/> Community support for Families, Children and/or Individuals <input type="checkbox"/> Health and Human Services <input type="checkbox"/> Education <input type="checkbox"/> Other		
If other, please provide a brief description of your organization: _____		
_____		
_____		

## DONATION REQUEST

Donation Type:	<input type="checkbox"/> Amount (\$): _____ <input type="checkbox"/> Items Requested: _____		
Donation Required by (date): _____	_____		
Purpose of Donation:	<input type="checkbox"/> Event	<input type="checkbox"/> Auction	<input type="checkbox"/> Fundraiser
	<input type="checkbox"/> Other *If other, please state: _____		
Is this a local, provincial, national, or international initiative?	<input type="checkbox"/> Local	<input type="checkbox"/> Province _____	<input type="checkbox"/> National <input type="checkbox"/> International
Have you received support from MFIBC in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, please indicate the year and amount? Year: _____ Amount (\$): _____
Is this for a specific project?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, what is the 100% cost of the project? \$ _____
Will you provide a profile for MFIBC in any printed material? (event programs, advertising, other)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are we able to request more information about your Organization or project?			<input type="checkbox"/> YES <input type="checkbox"/> NO

MFIBC is committed to supporting our member's communities with a focus on serving organizations that share our values. Contribution decisions are made by the donation's committee. Meeting dates vary and are subject to change. Please allow 6 weeks for a response. Your organization will be notified by E-mail or telephone. We respectfully request that you do not call the office regarding the status of your request.

**Mail to:** The Mutual Fire Insurance Company of British Columbia  
9366 200A Street, Langley, BC V1M 4B3

**Email to:** [info@mutualfirebc.com](mailto:info@mutualfirebc.com)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please attach this request form to a cover letter on the stationary of your organization**