

Fuel Good Day Recipient Application



Name of Organization:

Contact Name:

Organization Email Address:

Contact Phone Number:

Organization Street Address:

City/Town:

Province:

Hometown Co-op Membership number:

Is your organization a registered charity or not-for-profit?

Yes

No

Tell us about your organization and what you do in the community:

Year Founded:

Number of Employees:

Number of Volunteers:

Number of individuals supported:

How many communities do you serve?

Which communities do you serve?

Category of Organization:

- Health Science
- Arts & Culture
- Agriculture
- Community Initiatives
- Education
- Other

How will you recognize Hometown Co-op's contribution?

I have read and understand the donation guidelines and eligibility criteria. I am authorized to make an application on behalf of this organization.

I agree