

DONATION REQUEST

The Trail Smoke Eaters are proud to support our local community. We receive a high volume of requests and will do our best to support community programs, organizations and non-profits. We cannot guarantee that all requests will be supported. In order to be considered, please fill out Donation Request and submit with a written request highlighting the event and where the monies raised will be going

towards at least one month prior to event. Please drop off at the Smokies office, located within the rink.

Organizatio	n Name:						
Contact Name:				Contact Phone:			
Address:							
City:	City: Province: Posta		ostal Code	:	Phone:		
EVENT NAME: TAX EXEMPT:							
EVENT DATE: EVENT LOCATION:							
EVENT DESCRIPTION:							
Item(s) to be used for: (circle all that apply)							
Door Prize	Live Auction	Silent Auc	tion Ir	centive	Raffle	Other	
Please return completed for to: Trail Smoke Eaters 1051 Victoria St Trail BC, V1R 4L6 Or email: a.mccarthy@trailsmokeeaters.com							
TRAIL SMOKE EATERS STAFF:							
	E EATERS STAFF: Rejected:	_ Date Filled:		_ By:		Value:	