

DONATION REQUEST FORM

Speargrass Golf Course focuses its donation efforts on local youth sport programs, health and wellness programs and environmental initiatives. Please complete all of the fields below and submit this form along with all other required information to:

Speargrass Golf Course Donation Request PO Box 373 Carseland, AB T0J 0M0

Requests with the required information will also be accepted via fax: 403-901-1139.

Due to the high volume of requests, Speargrass Golf Course must receive your application at least three (3) weeks prior to your event. Speargrass will use the information filled out below to either mail the donation or send a letter stating that we are unable to contribute.

Thank you for submitting your request. We wish you the best of luck with your charitable and fundraising efforts.

Charity Information (if applicable)	Contact Information			
Charity Name:	Name:			_
Address:	Email:			_
Unit/Suite #:	Phone:			_
City:	Address:			
Prov.:	Unit/Suite #:			
Postal Code:	City:			
Registration/GST #	Prov:			
Fax:	Postal Code:			_
Eve	nt Information			
Event Name:	No. of Attendees	i:		
Event Date:	Purpose of Donation Item:	□ Live Auction	□ Silent Auction	
Event Location:	_	□ Raffle	□ Draw Prize	
		□ Other:		_
Brief Description of Event:				_
				_