



Request for Funding

Applicant Information		
Name of Organization:		
Current Address:		
City:	Province: Ontario	Postal Code:
Contact Name:		
Contact Phone Number:		
Contact E-mail:		
Charitable Donation Number (if applicable):		
Type of Funding Requested:		
If cash Sponsorship please provide value \$		
What is the primary focus of your organization?		
Tell us about your funding request		
If event, please provide information		
Date(s) of Event		
Type of Funding Request		
Expected Number in attendants		
What levels/type of sponsorship are available		
How will the Sponsorship/Donation funds be used		
How will Orr Insurance's Sponsorship/donation be recognized		
Are there opportunities for Orr Insurance & Investment employees to get involved?		
Remarks		
Name of applicant		Date:
Name of co-applicant		Date: