



Donation Request

This form must be completed in order for Victory Cigars Inc. to consider supporting your event.
Please print (block capitals), complete, and sign this page.

User Information	Application Number		Date of Application	
	Contact First Name			
	Contact Last Name			
	Contact Email Address			
	Organization Name			
	Mailing Address 1			
	Mailing Address 2			
	City, Town or Village			
	Province		Telephone No.	
	Postal Code		Fax No.	

Tell us briefly about your event or the reason for your donation request. Please attach any pertinent information to this form.

Fine Print
I/we are authorized to apply for a donation on behalf of the organization mentioned above and will use the donation for the purpose intended.

Signature of Primary Contact: _____ Date _____

Office Use Only
Donation Details: _____

Please note that applications may take up to 48h to process.
Return completed form to Victory Cigars, 215 King Street East, Oshawa, ON L1H 1C5
Tel. 905-443-0193 Email info@VictoryCigars.ca Website www.VictoryCigars.ca