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## SPONSORSHIP AND DONATION APPLICATION

### General Information:

Name of your organization or group:	
Contact Person:	
Title:	
Street Address:	
Province:	Postal Code:
Telephone:	Email:
Name of event or project:	
Activity Sector (arts & culture, health, education, youth, etc.):	
Are you a registered charity or Non-Profit organization? <input type="checkbox"/> No <input type="checkbox"/> Yes	

## Donation Request

Donation Type:		
Amount:	Items requested:	
Donation required by:		
Details and nature of event/fundraiser:		
Scope of Event		
Local: <input type="checkbox"/>	Regional-Provincial: <input type="checkbox"/>	National: <input type="checkbox"/>
Has your organization received support from Cain Insurance Services Ltd. in the past?		
No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	
Name of cheque in case of sponsorship approval:		

**Comments or Additional Information:**

Additional information to assist in evaluation of application (anticipated use of funds, benefits of sponsorship provided, etc.):

Signature:

Date: