

BULKLEY VALLEY INSURANCE SERVICES

1139 Main Street,
Smithers, BC V0J 2N0

Phone: 847-2405

Fax: 847-3264

COMMUNITY DONATION REQUEST

Name of Organization: _____

Mailing Address: _____

Contact Person: _____

Phone: _____ Amount requested: _____

Describe how this donation will be used, include the Name, purpose and date of any one event

How will this donation benefit the community: _____

How will Bulkley Valley Insurance Services be promoted: _____

Your request will be reviewed as submitted, please include any additional information that may be pertinent. Please direct all correspondence to our office and for more information, please contact our office.