

Request for Donation

Name of Organization: _____

Contact Name: _____

Contact Phone: _____ Contact Fax: _____

Contact Email: _____

Contact Address: _____

Amount of Requested Donation: _____

Reason for Donation Request: _____

Event Date: _____ Confirmation Deadline: _____

Have you received a donation from Neucel within the last year? _____

If yes, what was the name and date of the event? _____

Event Details

Please describe the goals of your organization. Include how a donation from Neucel would be used, the estimated number of people impacted, how Neucel would be acknowledged, and any other relevant information.

Your Signature: _____ Date: _____

Please forward your Request form Attention to Human Resources:

Neucel Specialty Cellulose, P.O. Box 2000, Port Alice, BC V0N 2N0

Approval Signature: _____ Date: _____