



Community Donations and Sponsorships Request Form

What is the full name and address of your organization?

What is your organization's purpose/mandate?

Organization status:

Not-for-profit organization

If incorporated, enter not-for-profit corporation number

Registered charitable organization

If registered charitable, enter registered charity number

If you do not have a corporation number or registered charity number, please attach a copy of the reference from your organization's objects/aims or bylaws, where it states "not for the profit of members" or "no financial benefit/gain for members"

Program/event name

Program/event date

Program/event location

Program/event details/
impact (who are you helping/expected # attending/how is it helping)

How can we help? What is your specific request (sponsorship/donations etc)?

Does your event include opportunities for staff volunteers or for our mascot (Smile City Kitty) to be involved?

For sponsorships or financial contributions, how is payment accepted by your organization?

How will our support be recognized? Please be specific and include any artwork/logo requirements

Please provide contact name, including telephone number and email address

If you have any event flyers, letters, programs or materials that you would like to attach, you can attach pdfs to your email submission.

By submitting this form, you are confirming that you are authorized by your organization to make this request.

Please remember that we receive many requests for community support and in order to give due consideration to all, requests are reviewed monthly and responses may take 45-60 days.

To submit this form by email, click on the link above. To submit by mail, please send to:
Community Donations
Paris Dental Centre
120 Grand River St N
Paris ON N3L 2M5