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## DONATION APPLICATION

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Registered Charity Number (if applicable): \_\_\_\_\_

Website: \_\_\_\_\_

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### **Organization:**

What is the primary mission of the organization? Please describe your current programs and significant accomplishments.

How long has the organization operated in the community?

What issue or problems does the project/program address?

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How does this issue relate to AON's Mission within the Charitable Donations guidelines?

What is the scope of the organization? Who is the audience and/or the population served? (Include any available program or policy statements referencing geographic location, economic status, or other factors identifying target audience.)

**Funding:**

What dollar amount or item is being requested from the AON Group of Companies?

What will be the use of the funds? Describe the project/program and attach additional pages if required.

What is the program goal or expected outcome of the program for which support is requested?

How will the organization measure the success of the program/project and report the results?

Target/Goal for this fundraising project/program:

Is there a deadline for this donation request?

What are the consequences if funding is not received?

Annual budget for the organization:

Has the organization received prior funding from the AON Group of Companies? Yes/No  
If "Yes", please note year(s) and amount(s).

List the names of any AON Group of Companies employees involved in the organization:

List 3 other business contributors to this program:

- 1.
- 2.
- 3.

Signature: \_\_\_\_\_

**Donation Applications may be submitted by mail, fax or email with follow up mailing of the original application.**

**Submit to:**

**Donation Request, AON Inc., P.O. Box 296, Peterborough, Ontario.  
K9J 6Y8.**

**Attention: Charitable Donation Committee**