

Application for Sponsorship or Donation

| General information | Date: | | | | |
|--|-----------------|----------------------------|--|--|--|
| Name of the organization: | | | | | |
| Person in charge: | | | | | |
| Address: | | | | | |
| Town/City: | • | | | | |
| E-mail: | | | | | |
| Is this a non-profit organization? | YES | NO | | | |
| Does the organization have an account with DESJARDINS? | YES | NO | | | |
| If not, please indicate the name of your financial institution: _ | | | | | |
| Did the organization receive a donation or sponsorship from Desjardins Voyageurs Credit Union last year? | YES | NO | | | |
| If yes, please indicate the name of the project and the amour | nt received: | | | | |
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| Project description | | | | | |
| Please describe the project: | | | | | |
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| What are the goals of the project?: | | | | | |
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| Which sogment of the community is the project targeting (chi | ildran adalassa | onts adults soniors ats 12 | | | |
| Which segment of the community is the project targeting (children, adolescents, adults, seniors, etc.)? | | | | | |
| | | | | | |
| What purpose will the financial support from the Credit Union serve?: | | | | | |
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| | | | | | |
| Number of individuals who will or should benefit from the project: | | | | | |
| | | | | | |
| | | | | | |



Project description (servinus)

| r roject description (continue) | | | | | | |
|---|--------------|----------|-----|----------|--|--|
| Date and location: | | | | | | |
| | | | | | | |
| What type of activity is it?: | Local | Regional | Pro | ovincial | | |
| Project cost and visibility | | | | | | |
| Total estimated cost of the project: _ | | | | | | |
| Amount requested from the Credit U | nion: | | | | | |
| Deadline to receive the funds: | | | | | | |
| What type of visibility plan are you offering the Credit Union in exchange for financial support?: | | | | | | |
| | | | | | | |
| | | | | | | |
| Do you offer exclusivity to a financial | institution? | YE | .S | NO | | |
| I hereby declare that the information provided in this form is true and accurate and that I am authorized by the organization to fill this application on its behalf. | | | | | | |
| Signature | | Do | te | | | |

Please return this application along with any other supporting document to the address or email below.

Applications will be processed monthly.

Desjardins Voyageurs Credit Union C/O Alexandre Laferrière Communications and Public Affairs Advisor 40 Elm Street, Suite 166 Sudbury, Ontario P3C 1S8 Email: alexandre.n.laferriere@desjardins.com

This application form is also available on our Web site: www.desjardins.com/caissevoyageurs (Click on «Involvement in the community»)

The members of Management will review your application according to the administrative policy in effect. Their decision is final and cannot be appealed.