**Funding Request Application**

Charity Name:

Years Charity has been operational:

Contact Name:

Phone Number:

Contact E-mail:

Website address:

Brief Description of Charitable Cause:

Have we donated to your organization in the past? If so, when?

Are you a registered charity? If so, please provide registration number:

Amount of donation requested:

Estimated annual budgeted income:

Percentage of charitable receipts that is directed to administration, overhead, staffing, etc.:

*Please, submit the complete form by email to mensclassic@icrcommercial.com*