



Fuel Good Day Recipient Form



Name of Organization

Charitable registration number (if applicable)

Contact Name

Contact Position/Title

Organization's Address

Organization's Email

Website (if applicable)

Mission and purpose of your organization

Year Founded

Number of Volunteers/employees

Number of individuals supported

Category of Organization

- Health Sciences
- Arts & Culture
- Youth Programs
- Sport & Recreation
- Education
- Environmental Programs
- Community Initiatives
- Other \_\_\_\_\_

Declaration:

I am authorized to make an application on behalf of this organization.

I agree