

## THE QUEEN'S COLLEGE OLD STUDENTS' ASSOCIATION (GUYANA) (QC-OSA)

Alumni Room, Queen's College, Camp Road & Thomas Lands, Georgetown, Guyana qcosa.executive@queenscollege.edu.gy

## **DONATION REQUEST FORM**

| A. REQUESTOR INFORMATION   |   |
|--|---|
|  |   |
| Name of Requestor  | Relationship to Queen's College                       |
| Mailing Address  |   |
| Telephone Number   | Email Address   |
| Have you previously applied for assistance from QC-OSA? _  | If so, was it approved or denied?                     |
| If you have previously received support from QC-OSA, state   | when and amount(s).                                   |
| B. PROGRAM/EVENT INFORMATION   |   |
|  |   |
| Name of Event or Program   | Date of Event or Program                              |
| Purpose of Event or Program (continue on separate page if  | necessary)  |
| What type of donation are you seeking? (continue on separ  | ate page if necessary)                                |
| If seeking monetary donation, state amount and list suppor necessary)  | ting documents attached (continue on separate page if |
| How will a donation from QC-OSA assist? State whether the whether there will be any other donor(s) (give particulars a | • • •   |
| How will the donation of QC-OSA be recognized?   |   |

| If approved, by what date is the donation required?  |   |   |
|--|---|---|
| If a monetary donation is requested, who should the cheque be made payable to?   |   |   |
|  |   |   |
| C. TERMS AND   | CONDITIONS  |   |
| <ul> <li>QC-OSA is a not</li> <li>Due to the large donation requipment</li> <li>Requests shout</li> <li>All requests from QC-OSA will not</li> <li>Requests for mode itemized by</li> <li>Donation requipment</li> <li>QC-OSA reserving</li> </ul> | ot for profit association which renders assistance and ge number of requests which we receive we are unablests.  Ild be submitted no less than four (4) weeks in advantom Teachers or Students of Queen's College must be ot consider requests for re-imbursement of funds almonetary donations must be accompanied by all relevant to the payment for goods and/or services must | ole to guarantee a favourable response to all acce of the event or program. It co-signed by the Principal thereof. It eady expended. It want supporting documents. Quotations must alidity of the Quotation. It be accompanied by Quotations from three It is on in order to process your request |
| D. SIGNATURE   |   |   |
| to the aforesaid te  | at the information provided herein is true and correcterms and conditions.  |   |
| Signature of Reque   | estor:  | Date:   |
| Signature of Princi  | pal:  | Date:   |
|  | FOR OFFICAL USE ONLY  |   |
| Date of R  | Receipt: Requ   | est No.:  |
| Approve  | d:[] Declined:[] Other:[]   |   |
| Date con   | sidered by Committee of Management:   |   |

Signature of President: