APPLICATION FORM

** APPLICATION DEADLINE: MARCH 21st , 2026 **

Name of Non-Profit Organization or Community Group:

_____

Contact Person(s):_____

Contact Address:_____

Contact Phone #:_____

Please select your status: Registered Charity / Registered Not-for-Profit / other

Who we are: _____

What we do: _____

What we are fundraising for: _____

_____

Fundraising Goal : _____ Preferred month : _____

Submit to:

Southland Co-operative Ltd.

mr@southlandco-op.ca

Or Drop off at any location

CO-OP

Southland