



YOUR MISSION. OUR COMMUNITY.

DONATION FORM

A. General Information

Organisation Name:

Registered Charity Number:

Contact Name:

Title:

Telephone:

E-mail:

B. Your Donation Request

1. In which of the following areas of the community do you plan on making a positive impact?

- Education and Literacy
- Youth
- Arts and Culture
- Health and Wellness

2. Describe how the advertising will be utilized in 2021 in 100 words or less.

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3. How will the advertising donation assist your organization in meeting your 2021 goals:
Please limit your response to 100 words or less.

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4. What are the intended dates or time frame for the advertisements?

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5. Any other information that will assist us in our decision making. Please limit to 100 words or less.

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the bermuda press
[holdings] limited

