



Sunshine Coast Quilters Guild

P.O. Box 2083, Sechelt BC V0N 3A0

www.scquiltersguild.com

APPLICATION TO RECEIVE QUILT DONATION

1. Name of organization _____

_____ Charity No. _____

Mailing Address: _____

Town: _____ Postal Code: _____

2. Contact name: _____

Telephone No.: _____ Email: _____

3. Purpose of organization: _____

4. How will the receipt of a quilt benefit the individual/s, organization, or community? _____

5. What type or size of quilt is needed and by what date? _____

6. Other Comments: _____

6. Signature of Applicant: _____

Date: _____

Thank you for your application