

FIVE NATIONS ENERGY INC. DONATION REQUEST FORM

REQUEST TO BE SUBMITTED 30 DAYS PRIOR TO EVENT 70C MOUNTJOY STREET NORTH, SUITE 421 TIMMINS, ON P4N 4V7 PHONE: 705-268-0056 FAX: 705-268-0071

Project Name:	Da	te of Project:	
Amount Requested:	Tot	tal Cost of Project:	
Other Sources of Funding: Yes No	Am	ount Received:	
Purpose of Project:			
CONTACT INFORMATION			
Organization Name:			
Contact Name:			
Address:		Phone:	
		Fax:	
		email:	
Signature of Applicant:	Date:		
FIVE NATIONS ENERGY INC. OFFICE USE ONLY:			
Amount Requested:	Funds Availabl	e: yes	no
Amount Recommended:	Approved	yes	no
Reasons:			
Signing Officer:	Da	ate:	