

Application for Soup-Mix

To the Board of Directors
Okanagan Gleaners Society
507 No 3 Road, Oliver, BC V0H 1T1
Website: www.okanagangleaners.com

Contact: Greg Masson – General Manager
Phone: (250) 498-8859
Email: okgmanager@gmail.com

1) NAME OF ORGANIZATION: _____

2) ADDRESS: _____ CITY _____

PROVINCE/STATE _____ POSTAL CODE: _____ PHONE: _____

FAX: _____ EMAIL/WEBSITE: _____

3) NAME OF CONTACT PERSON _____

4) CANADIAN CHARITY REGISTRATION NUMBER: _____

5) AMOUNT OF YOUR REQUEST: (10 bags per cardboard box. Each bag makes 100 servings of soup when cooked in 25 litres of water.) _____

6) DATE OF PLANNED SHIPPING? _____

7) ARE FUNDS IN PLACE TO COVER SHIPPING? _____

8) PLACE OF PLANNED DESTINATION? _____

9) IS A PHYTO-SANITARY CERTIFICATE REQUIRED? _____

10) WHO IS DISTRIBUTING THE CARGO AND HOW WILL IT BE DISTRIBUTED? _____

11) NAME THE MAIN CATEGORY OF PEOPLE WHO BENEFIT FROM THIS FOOD (e.g. Orphans, elderly, invalids etc.)

12) HOW WILL YOU GIVE FEEDBACK TO THE GLEANERS ABOUT THE SUITABILITY OF PRODUCT, IMPROVEMENTS THE GLEANERS CAN MAKE, and STORIES ABOUT SOMEONE WHO BENEFITTED FROM THIS CARGO, PICTURES OR OTHER INFORMATION? _____

13) The applicant agrees that this product is a donation designated for use on Mission Relief Projects only, not for sale, not for exchange for profit or gain, no commercial value. The Applicant becomes an Agent of Okanagan Gleaners Society in accepting and distributing this product, and shall provide Okanagan Gleaners Society with all Tracking Documentation including copies of Bills of Lading and Field Distribution Reports.

Signed by authorized representative _____ Date: _____

Approved by Okanagan Gleaners Society _____ Date: _____