

Brookfield Renewable Charitable Giving Request Form

SEND TO
northamerica@brookfieldrenewable.com

BENEFICIARY INFORMATION

Name of the Organization

Location

REQUEST INFORMATION

DOES YOUR REQUEST FIT ONE OF OUR PRIORITY AREAS?

COMMUNITY SERVICES	EDUCATIONAL PROGRAMS	MEDICAL AND HEALTH ASSISTANCE
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Your Request is for Donation Sponsorship

Main Contact in the Organization

Phone Number

Address

City

Province / State

Postal / Zip Code

E-mail Address

Detailed description of the organization or the events

Primary Location

Total Budget of the Event

Amount Requested

Funding Required by

Has the organization received funding from Brookfield Renewable in the past? If so, please list support received from Brookfield Renewable in the past 5 years

Project Name	Year	Amount of Contribution
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For a **US beneficiary**, please enter the 501(c)(3) tax exempt ID Number (EIN) or other charitable status identification (W9)

For a **Canadian beneficiary**, please enter the registration number or tax numbers

Name of Brookfield Renewable employees participating (if any) and their involvement

Name	Involvement
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Visibility benefits for Brookfield Renewable (if any)

To be completed by authorized approver

Amount	Currency	Date (dd/mm/yyyy)	Justification
Approved by			Signature
Comments (if any)			Special handling
Cheque payable to			Supplier ID
		Expense Code	Department
		Location	Project Code (if any)