



# Community Investment Sponsorship/Donation Request Form

Lawtons Drugs



## A few things you should know:

Proudly Serving Our Communities is one of our core values. This value not only represents our commitment to operate great stores that serve the needs of our customers, but also reflects our culture of giving back to the neighbourhoods where we operate.

Our ability to give back to the communities we serve is a direct result of our customers, who shop in their local store. If you already shop at your local Lawtons Drugs, thank you. If you are not currently one of our valued customers, we look forward to serving your shopping needs and learning more about your request for support.

### We support programs and local events that:

- Best meet our Company's purpose of helping Canadians Eat Better, Feel Better and Do Better
- Provide direct community service
- Are located or take place in a community where we operate

### Organizations and programs that would be considered ineligible for support include:

- Individual pursuits
- Religious organizations, unless they are engaged in a significant project benefiting the entire community
- Endowment or memorial campaigns
- Advertising or promotional campaigns
- The publication of books or movie productions
- Private foundations

### Contact Information

For any inquiries or questions please contact:  
[marketing@lawtons.ca](mailto:marketing@lawtons.ca)  
(902) 468-1000



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## Requests under \$250

Please deliver a letter of request including: project description, recognition opportunities, the kind of support required and full contact information to your **LOCAL STORE** for review. Please note that you will need to allow for a minimum of 4 weeks for consideration.

## Requests over \$250

Please complete the application form in full at least 4–6 weeks prior to the initiative. Please email all applications to: [marketing@lawtons.ca](mailto:marketing@lawtons.ca)

### Organization Information

Application Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Charitable Reg. # (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Phone Number & Extension: \_\_\_\_\_

**Which community investment pillar does your request fit into?**  
Please select all that apply:

- Feel Better** – Health management, prevention and research on food-related health issues
- Do Better** – Health literacy through nutrition education
- Other** \_\_\_\_\_

**What type of initiative are you requesting support for?**  
Please select all that apply:

- Special event (festival, celebration, dinner)
- Community program or resource
- Fundraising event
- Table Sponsorships or tickets to community events

Title of Initiative: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project End Date: \_\_\_\_\_

Description of initiative: (500 words max):

**Will you need additional funding to complete your initiative?**

**If yes, how will you secure the additional funding? 100 words max**

**What is the purpose and goal of this initiative? Who will benefit? (300 words):**

**What is your budget for this initiative? \_\_\_\_\_**

**What is the projected attendance for the event? (if applicable)**

**Who will benefit from the initiative? (if applicable)**

**How many volunteers will be involved? \_\_\_\_\_**

**Please specify the kind of support you require:**

Gift cards – Value \$ \_\_\_\_\_

Financial – Value \$ \_\_\_\_\_

**TOTAL VALUE \$ \_\_\_\_\_**

**Will our Company be the exclusive Pharmacy?     Yes     No**

**How will you report back to us on the outcome of your initiative?**

**How will our Company be recognized as a sponsor? Please specify any recognition the company will receive including marketing benefits:**

- Website
- Advertising (newspaper, radio, TV)
- Social Media
- Event program
- On Site Banners
- On Site Display
- Verbal Recognition at Event
- Newsletter
- Other: \_\_\_\_\_

**Please list the other sponsors associated with this initiative:**

**In addition to the financial or in-kind request are there any other opportunities for us to be involved? Please select all that apply:**

- Tent
- Employee volunteers
- Signage promoting event
- Provide nutrition information
- Other \_\_\_\_\_

**People of what age group will be the primary beneficiaries of this program? Please choose one.**

- Infants/Toddlers (0-5)
- Youth (6-18)
- Young Adults (19-25)
- Adults (26-59)
- Seniors (60+)
- General Public

**Has the company supported this event in the past? If so when? How much was contributed?**

**Please include any additional information (100 words):**