

Darling, We Care!

Application Form

Please complete all information in *PRINT*. Submit your completed form to **Darling, We Care, c/o Salon Miguel, 236 University Avenue, Charlottetown, PE C1A 4L9**

Name of Organization

Contact Person

Email

Phone Number

Civic Address

How did you hear about us? (check one)

- Search Engine (e.g., Google)
- Social Media (e.g., Facebook, Instagram, Twitter)
- TV
- Radio
- Friend or Family

Please tell us briefly about you / your organization. (Use additional sheets if needed.)

Why should you be the beneficiary of **Darling, We Care** this year?

Please tell us briefly how you intend to use the donation if you are our chosen beneficiary this year?

Do you agree to be included in any publicity that *Darling, You Look Fabulous* or **Darling, We Care!** decides to create, whether in print or digital format, in perpetuity? Yes. No.

Signed: _____ Date of Application: _____