

FLAG RAISING & PROCLAMATION REQUEST FORM

I am requesting the following (please select all that apply):

- Flag Raising (Complete Parts 1-3, Parts 5 & 6, Annex A, Annex B)
- Proclamation (Complete Parts 1-4)

PART 1: ORGANIZATION DETAILS

ORGANIZATION NAME

GBS/CIDP Foundation of Canada

ORGANIZATION TYPE

Charitable

PART 2: REQUESTER DETAILS

LAST NAME OR SINGLE NAME

Galaski

FIRST NAME

Nancy

STREET ADDRESS

[REDACTED]

APT/UNIT NUMBER

CITY/TOWN

Aurora

PROVINCE

ON

POSTAL CODE

[REDACTED]

EMAIL ADDRESS

ngalaski@gbscidp.ca

TELEPHONE NUMBER

[REDACTED]

PART 3: ALTERNATE CONTACT DETAILS

LAST NAME OR SINGLE NAME

FIRST NAME

STREET ADDRESS

APT/UNIT NUMBER

CITY/TOWN

PROVINCE

ON

POSTAL CODE

EMAIL ADDRESS

TELEPHONE NUMBER