

THREE HILLS CRUISE WEEKEND COMMUNITY GROUP DONATION APPLICATION



2020 Donation Application Deadline: April 30 2020

Date: _____

Name of Organization: _____	
Primary Contact Name: _____	
Mailing Address: _____	
Email Address: _____	Phone Number: _____
President (If Applicable): _____	
Board of Directors (If Applicable):	
_____	_____
_____	_____
_____	_____
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2. Purpose and/or Function to which Donation funds will be expended:

3. How will community and/or participants benefit:

4. Donation Request: _____(or in kind)

5. If the donation application is not approved, what impact could it have on the organization:

Please attach the following documents to your completed application:

- a) A budget for the event, project or program in which the donation is being requested
- b) Any other information which would assist in the evaluation of your donation request

The information included in this application is true and correct to the best of my knowledge:

Signature of Signing Authority

Date

Print Name

Please send your application and any supporting documents to
P.O. Box 921. Three Hills, AB T0M 2A0