DONATION REQUEST FORM

Please complete the following information for consideration:

Name of Organisation: ……..……..

Address of Organisation: ……..……...

……..……..……

……..……

Contact Name: ……..……..……

Contact Tel No: ……..……...…….

Email Address: ……..……...……..

Name of Event or Project: ……..…….

Date of Event/Start Date of Project: ……..……

Location of Event or Project: ……...……

Estimated No of Attendees or Participants: ……..

Amount being sought: ……..

Short description of the event/project with details of what funds are required for and details of your aims and objectives: (Please continue onto next page if required)

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