



The Municipality of Port Hope Donation Request Form

10-04-18 P01:41 IN

CONTACT INFORMATION

Organization/Charity Name: La Jeunesse Choirs

First and Last Name of Contact Person: Denise Raymond

Title of Contact Person: Treasurer

Address (including Postal Code):

Box 925 Cobourg, Ontario K9A 4W4

Telephone number: [REDACTED] Fax: [REDACTED]

Alt. Phone: [REDACTED] Email: [REDACTED]

DONATION REQUEST INFORMATION

Total Funding Request: \$ 500

Is this an annual donation request? YES NO

Delivery Date of Donation: May 2019

Please provide your reasoning for the requested donation, and description of how the funds will be utilized:

We are requesting a donation to help us with the costs of staging a musical in June 2019. The musical will be Lion King (junior version) and is being held at Victoria Hall. The production is about one hour long and will appeal to children and families from all over Northumberland County.

FUNDING INFORMATION

Please indicate other financial support you are receiving:

At this time, we have received no other funding.

We have applied to the Town of Cobourg for a grant but will not hear if we are approved until January, 2019.

We do carry on extensive fund-raising through Bingos, chocolate and plant sales etc.

Have you ever received funding from the Municipality of Port Hope?

YES NO

If yes, please indicate the Date: _____ Amount: _____

Any additional information you find necessary:

If Council approves your Donation Request, please indicate how the Municipality of Port Hope would be given recognition for this donation:

If we receive this donation from the Municipality, we would be most grateful.
We would recognize the Municipality with a block ad in our concert program.
And acknowledge the donation on our web site.

*Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended. Inquires about the collection of personal information should be directed to the Municipal Clerk.

If Council accepts your Donation Request please indicate the following:

Payable to: La Jeunesse Choirs

Mailing address (including Postal Code):

Box 925 Cobourg, Ontario K9A 4W4

Special instructions (optional):

Name: Denise Raymond Date: September 23, 2018

Signature: Denise Raymond

OFFICE USE ONLY

Application Approved: YES NO

Reason for Disapproval:

Staff Name: _____

Date: _____

Signature: _____

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