



The Municipality of Port Hope Donation Request Form

CONTACT INFORMATION

Organization/Charity Name: _____

First and Last Name of Contact Person: _____

Title of Contact Person: _____

Address (including Postal Code): _____

Telephone number: _____ Fax: _____

Alt. Phone: _____ Email: _____

DONATION REQUEST INFORMATION

Total Funding Request: \$ _____

Is this an annual donation request? YES NO

Delivery Date of Donation: _____

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

FUNDING INFORMATION

Please indicate other financial support you are receiving:

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 Council accepts your Donation Request please indicate the following:

Payable to: _____

Mailing address (including Postal Code): _____

Special instructions (optional):

Name: _____ Date: _____

Signature: _____

OFFICE USE ONLY

Application Approved: YES NO

Reason for Disapproval:

Staff Name: _____

Date: _____

Signature: _____