



ST. MARY
CATHOLIC SECONDARY SCHOOL

*A Journey
With
The Spirit*

1050 BIRCHWOOD TRAIL • COBOURG • ONTARIO • K9A 5S9
TEL: (905) 372-4339 • FAX: (905) 373-4529

September 11, 2018

09-13-18 A10:30 IN

Municipality of Port Hope

56 Queen St

Port Hope, ON

L1A 3Z9

To Rachel Fulford,

Enclosed is the completed Donation Request Form.

This is completed as per your letter dated August 15, 2018

Thank you,

Lynn Nizio

Secretary



Peterborough Victoria
Northumberland and Clarington
Catholic District School Board



09-13-18 A10:30 IN

The Municipality of Port Hope Donation Request Form

CONTACT INFORMATION

Organization/Charity Name: St Mary Catholic Secondary School

First and Last Name of Contact Person: Lynn Nizio

Title of Contact Person: Secretary

Address (including Postal Code): 1050 Birchwood Trail
Cobourg, ON K9A 5S9

Telephone number: [REDACTED] Fax: [REDACTED]

Alt. Phone: _____ Email: [REDACTED]

DONATION REQUEST INFORMATION

Total Funding Request: \$ 100⁰⁰

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:

Business Award given to
graduating student

*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.

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: Feb 2018 Amount: \$100.00

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:

in Graduation Program
& mentioned during Graduation

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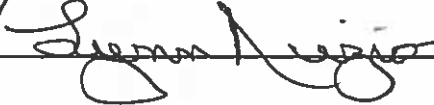
If Council accepts your Donation Request please indicate the following:

Payable to: St Mary Catholic Secondary School

Mailing address (including Postal Code): 1050 Birchwood Trail
Cobourg, ON K9A 5S9

Special instructions (optional):

Name: Lynn Nizio Date: Sept 11/18

Signature: 

OFFICE USE ONLY

Application Approved: YES NO

Reason for Disapproval:

Staff Name: _____

Date: _____

Signature: _____

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