



Township of Ryerson COMMUNITY DONATION APPLICATION

Name of Organization:

Type of Organization:

(e.g. Registered Charity, Non-Profit, Service Organization, Community Group, etc.)

Contact Person/Position:

Mailing Address:

Email Address:

Phone:

Purpose and mission of your organization:

Proposed use of funds:

Describe the benefits to the community?

Amount of donation requested: \$_____

OR describe in-kind service requested:

Has your organization received a donation in previous years? YES NO

If YES, amount requested: \$_____ amount received: \$_____

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

Operating budget for current fiscal year

Financial Statements for the last two fiscal years (if available)

Project or Event budget (if applicable)

Payment, if application is successful:

Cheque Payable to:

Mailing Address:

Signature:

Date: