



APPENDIX A - DONATION REQUEST APPLICATION

Individual/Group/ Organization Applying: _____

Address: _____

Contact Person(s): _____

Position(s): _____

Telephone or Email: _____

What type of donation is being requested?

☐ Monetary Donation

☐ In-Kind Grant

Approximate donation value being requested: _____

How Will Funds Be Used: _____

Is Your Group Based in the Town of Torbay? Yes / No

Is Your Group Not-For-Profit? Yes / No

What Services or Benefit Will This Donation Provide to Residents of the Town?

Applicant Name (Print):

Applicant Signature:

Date of Application: _____