

## Promoting Health and Fitness in Melfort

## **Donation Application Form**

| Date:   |    |
|---|----|
| Contact Person:   |    |
| Contact Telephone Number:   |    |
| Contact Mailing Address:  |    |
| Contact Email Address:  |    |
|   |    |
| Organisation on whose behalf application is being made:                     |    |
|   |    |
| Donation Amount Requested:  | \$ |
|   |    |
| Description of Project / Initiative:  |    |
| (Please feel free to attach additional information to support your request) |    |
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| How will this donation benefit the community of Melfort?                    |    |
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| How will this donation promote Health and Fitness in Melfort:               |    |
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