



APPLICATION FOR DONATION

IT IS ESSENTIAL THAT THIS FORM IS ACOMPANIED WITH A SET OF YOUR ORGANISATIONS RECENT ANNUAL ACCOUNTS

1. NAME OF ORGANISATION

2. NAME AND ADDRESS OF TREASURER/CONTACT

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TEL. NO / EMAIL

3. PURPOSE/AIM OF ORGANISATION

4. (a) BRIEF OUTLINE OF REASON FOR APPLICATION

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(b) SPECIFIC REQUIREMENTS

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5. (a) HAVE YOU PREVIOUSLY APPLIED FOR OR RECEIVED A
DONATION FROM WAREHAM TOWN COUNCIL YES / NO

(b) IF YES, PLEASE GIVE APPROXIMATED DATE OF LAST
APPLICATION/DONATION

SIGNATURE OF APPLICANT

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PLEASE SEND APPLICATION FORM TO TOWN CLERK, WAREHAM TOWN
COUNCIL, EAST STREET, WAREHAM, DORSET, BH20 4NS