

KINSMEN CLUB of PICTON

APPLICATION FOR DONATIONS or SUPPORT:

Date:_____. Year: 20_____.

1. Has any other service club been contacted for a donation or support?

Yes_____ No_____. If yes - Name of Service club._____.

2. What is the purpose of the request? Details in a cover letter.

3. Is there a time line attached to the request.

Yes_____ No_____. If yes give Date._____.

4. Is this a request for a cash donation or service. (circle one)

If a cash donation what is the amount. \$_____.

5. Is there any Kinsmen advertising associated with the request?

Yes_____ No_____. If yes give details_____

_____.

6. Name to appear on Cheque:_____.

7. Name:_____.

Address:_____.

Phone number:_____.

email:_____.

Address request to - President Kinsmen Club of Picton

56 King Street Picton Ontario K0K 2T0