



152 Main Street, P.O. Box 219
Lewisporte, NL A0G 3A0
T. 709-535-2737
F. 709-535- 2695

**Town of Lewisporte
Donation Application**

Date: _____

Name of group requesting donation: _____

Contact Person: _____ Phone No. _____ Email: _____

Amount Requested: _____

Purpose of requested funds: _____

In-Kind Request (Source): _____

- | | | Yes | No |
|----|--|-----------------------|-----------------------|
| 1. | Is the group a charitable, non-profit, or recognized public service organization? | <input type="radio"/> | <input type="radio"/> |
| 2. | Is the request for a Town of Lewisporte program/project? | <input type="radio"/> | <input type="radio"/> |
| 3. | Is this program/project soliciting support (donations) from town residents? | <input type="radio"/> | <input type="radio"/> |
| 4. | Is there opportunity to recognize the Town's contribution? If so, please describe. | <input type="radio"/> | <input type="radio"/> |

Signature of Applicant