## Three Hills Drag Races

# COMMUNITY GROUP DONATION APPLICATION

Date: _____

Name of Organization: _____

Primary Contact Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

President's Name (If Applicable): _____

Board of Directors (If Applicable):

_____ _____

_____ _____

_____ _____

1. Your organization's objectives and outline of services and programs:

   _____

   _____

   _____

   _____

2. Purpose and/or function to which donation funds will be expended:

   _____

   _____

   _____

   _____

3. How will community and/or participants benefit:

   _____

   _____

   _____

   _____

4. Donation Request: _____ ( $ or in kind )

5. If the donation is not approved, what impact could it have on the organization?

   _____

   _____

   _____

   _____

Please attach the following documents to your completed application:

a. A budget for the event, project or program for which the donation is being requested.
b. Any other information which would assist in the evaluation of your donation request.

The information included in this application is true and correct to the best of my knowledge:

_____ _____

Signature of Signing Authority Date

_____

Print Name

Please email your application and any supporting documents to threehillsdrags@gmail.com or mail to P.O. Box 921, Three Hills, AB T0M 2A0.