



CAO/Clerk
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WOLLASTON TOWNSHIP

APPLICATION TO APPLY FOR CONTRIBUTIONS FROM WOLLASTON TOWNSHIP

Date: _____

Name of Organization: _____

Contact Information: Name: _____

Address: _____

Not for Profit? YES NO

Year of Incorporation _____

Purpose of contribution? _____

Copy supplied of your
organization's current operating budget? YES NO

Requested contribution \$ _____

Approved? YES NO

Resolution # _____ Date: _____

