



WAREHAM TOWN COUNCIL

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.....
.....
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

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