

56 Queen Street
Port Hope, ON L1A 3Z9
T: 905.885.4544
F: 905.885.1807
finance@porthope.ca

The Municipality of Port Hope – 2023 Donation Request Form

ORGANIZATION INFORMATION	
Organization/Charity Name:	
Address (Including Postal Code):	
CONTACT INFORMATION	
First and Last Name of Contact Person:	
Title of Contact Person:	
Phone number:	Alt. Phone:
Email:	
DONATION REQUEST INFORMATION	
Total Request: \$	
Date of Your Organization's Event:	

^{*}Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended. Inquiries about the collection of personal information should be directed to the Municipal Clerk.



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Please provide your reasoning for the requested donation and description of how the funds will be utilized:

OTHER FINANCIAL INFORMATION

Please indicate financial support you are expecting to receive from other organizations in 2023:

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If Council approves your Donation Request, please indicate how the Municipality of Port Hope would be given recognition for this donation:

Any additional information you find necessary:	
Should Council approve your Donation Requ	est please indicate the following:
Preferred date to receive donation:	
Payable to:	
Mailing address (Including Postal Code):	
Special instructions (Optional):	
Name:	
Signature:	-

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