



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

The Municipality of Port Hope - Donation Request Form

CONTACT INFORMATION

Organization/Charity Name: _____

First and Last Name of Contact Person: _____

Title of Contact Person: _____

Address (including Postal Code): _____

Telephone number: _____ Fax: _____

Alt. Phone: _____ Email: _____

DONATION REQUEST INFORMATION

Total Funding Request: \$ _____

Is this an annual donation request? YES NO

Delivery Date of Donation: _____

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

*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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FUNDING INFORMATION

Please indicate other financial support you are receiving:

Have you ever received funding from the Municipality of Port Hope? YES NO

If yes, please indicate the Date: _____ Amount: _____

Any additional information you find necessary:

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

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If Council accepts your Donation Request please indicate the following:

Payable to: _____

Mailing address (including Postal Code): _____

Special instructions (optional):

Name: _____ Date: _____

Signature: _____

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