St. Andrew's United Church Thrift Shop Application for Financial Donation

		Date:	
Name of Organization:			
Mailing Address:			
	(Cheque will be forwarded to this address u	inless otherwise indicated below)	
Contact Person:		Position:	
Contact Phone#: F		Email:	
CRA	A Charitable Registration #:		
*** (Please note that a Registered Society number is no longer acceptable by CRA)			
Name	ne Charity is Registered under:		
(If different from the Organization name above)			
1.	Describe the project that the funding will be used for:		
2.	Describe the expected benefits the project will provide:		
3.	What is the total budget for the project?		
4.	List other sources of funding (including grants, fundraising, etc.):		
5.	How much funding is requested?		
6.	Please include your annual yearly budget and a copy of your most recent financial statements.		

7. Please send us a receipt for the donation received along with an update on the success of your project so that we can share the information with our staff and

volunteers.