Peachland Lions Club



Community Support Program Request

(Please complete word document and expand sections if you require more space)

1.	NAME OF GROUP/ORGANIZATION:
2.	ADDRESS:
3.	EMAIL ADDRESS:
4.	CONTACT PERSON:
5.	PHONE NUMBER:
6.	AMOUNT OF SUPPORT REQUESTED:
7.	WHAT SERVICE/ACTIVITY DOES YOUR GROUP EXTEND INTO THE COMMUNITY AND HOW DO
	YOUR ACTIVITIES BENEFIT THE COMMUNITY.
8.	HOW LONG HAS YOUR ORGANIZATION BEEN OPERATING AND WHAT IS YOUR PLAN FOR THE FUTURE?
9.	PURPOSE FOR WHICH FUNDS WILL BE USED AND BREAKDOWN OF ESTIMATED EXPENSES:
10.	WHAT EFFORTS HAVE BEEN MADE TO RAISE FUNDS FOR THIS SERVICE/ACTIVITY AND HOW
	MUCH HAS BEEN RAISED AND HAVE YOU APPLIED FOR ANY OTHER FUNDING?

Peachland Lions Club



11. P	LEASE PROVIDE AN	Y OTHER INFORMA	TION THAT MAY E	BE PERTINENT TO	THIS REQUEST.
12. PL	LEASE LIST OFFICERS	S/DIRECTORS FOR Y	OUR ORGANIZATI	ION:	

Signature Title

Title

Date

Please mail completed and signed request form to:

Peachland Lions Club PO Box 1142 Peachland, BC VOH 1X5

Signature