

Women's Club of East Granby



Application for Donation

Complete and mail by April 30th to: PO Box 30, East Granby, CT 06026
OR email us at womensclubeg@gmail.com

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION, IF APPLICABLE

Organization Name: _____

Organization FEI #: _____

Organization Contact name: _____

Org. Phone: (____) _____ Fax: (____) _____ Email: _____

Name & Address to Send Donation to:

Total Amount of Donation Request: \$ _____

Give a brief description of how the donation request will be used and how many EG residents will benefit from this request for donation? Please attach additional supporting information to this application, if necessary.

If you received an amount less than what you are requesting, could your organization still utilize the funds?

Signature: _____

Date: _____