



THE CORPORATION OF THE TOWNSHIP OF UXBRIDGE
51 Toronto Street South, P.O. Box 190, Uxbridge ON L9P 1T1
Telephone: (905) 852-9181

APPLICATION FOR FINANCIAL SUPPORT

Please check the applicable box:

<input type="checkbox"/> Waiving of User Fees at Municipal Facilities	<input type="checkbox"/> Participation in Fundraising Events	<input type="checkbox"/> Sports & Cultural Events
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Organization/Individual Name: _____

Full Mailing Address: _____

Contact Person: _____ Email: _____

Phone: (day) _____ (evening) _____ (fax) _____

1. **AMOUNT OF FINANCIAL ASSISTANCE BEING REQUESTED:** \$ _____

2. How will the funds be used?

3. Details of fund-raising activities planned for this year (use a separate sheet if necessary)

4. Outline the mission, purpose and objectives of your organization:

5. How does the community benefit from your activities?

