



PERSONAL FUNDING REQUEST FORM

Please note: Our Charitable Donation Policy states that “all funding are for the purpose of providing assistance within the communities in which we operate” – currently within Region of Brantford & County of Brant. A copy of our policy is available upon request.

Name of Individual: _____
 Address: _____
 Telephone number: _____ Fax Number: _____
 Email: _____
 Applicant's name: _____ Phone number: _____
 Total amount of donation request: _____ Date of application: _____

1. How long has these funds been required? _____

2. Please specify the purpose(s) for requesting funds. Be as specific as possible.

3. What will the funding be used for? How will the funding assist you/person you are applying for?

4. When is the funding required? _____

5. Are there other ways the Kinsmen might help in lieu of or in addition to a cash contribution?



6. Have you sought out all other avenues of funding available to you. Yes No
Please specify.

7. If you have been turned down by other avenues, please specify reason.

8. Please add any other comments you feel would assist the Community Relations Committee in coming to a decision.

Please submit this completed application form, along with brochures, financial statements and any other material that would be helpful for our review of your request to:

**Kinsmen Club of Brantford Inc.
Community Relations Committee
25 North Park Street
Brantford ON N3R 4J4
Fax: 519-752-6184**

Charitable Funding Request Form – 2007

