



10511 – 103 Street  
High Level, AB  
T0H 1Z0  
Ph: 780-926-2201  
Fax: 780-926-2899

# Donation & Sponsorship

Application Form

## Applicant Information

|                      |                     |
|----------------------|---------------------|
| Name of Organization | Date of Application |
|                      |                     |
| Address              | Contact person      |
|                      |                     |
| Telephone Number     | Email Address       |
|                      |                     |

## Donation Information

|   |
|---|
| Type of Donation  |
| <input type="checkbox"/> Financial Assistance – Amount requested: \$ _____ (Maximum \$300)  |
| <input type="checkbox"/> In-kind Resource – Resource requested: _____ (Maximum value \$300) |
| Date Resource Requested: _____  |
| Details of how funds will be expended:  |
|   |
| What cash or in-kind contribution is your organization making towards your event?           |
|   |

## Organization Information

|   |
|---|
| What services or activities does your organization provide to High Level residents? |
|   |
| Describe in broad terms the principal objectives of your organization.              |
|   |



TOWN OF  
**HIGH LEVEL**

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Provide any additional information which you consider relevant.

How will your organization acknowledge Council's Donation?

## Office Use Only

| Meets Councils Donation Policy #168-99   | Date stamp received |                  |
|--|---------------------|------------------|
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |                     |                  |
| Donation Value \$ _____  |                     |                  |
| Donations given to this organization by Council over the last three years<br>(complete by Municipal Clerk) |                     |                  |
| Amount   | Date                | Purpose of Funds |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.