



Request for Donations 2022 – Annual Program

Name of Organization _____

Organization Address _____

Contact Person _____

Contact Number _____

Contact Email _____

Number of members in the Organization _____

Number of members residing in Paradise _____

Description of the Organization (Include Purpose/Mandate of the Organization)

Explain how your Organization contributes to the well-being of the citizens of Paradise.

Reason or Purpose for the request:

Amount Received in 2021 _____

Amount Requested in 2022 _____

Copy of current Budget attached _____

Signature of Applicant _____

Date of Application _____