



Request for Donations 2023 – 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 2022 _____

Amount Requested in 2023 _____

Copy of current Budget attached _____

Signature of Applicant _____

Date of Application _____

Privacy Notice: Personal information collected through this form is administered under Part III of the Access to Information and Protection of Privacy Act, 2015, and is collected and used only for the purpose of selecting and contacting applicants for the Annual Donation Program. If you have any questions about the collection, use or disclosure of your personal information, please contact the Town by calling 709-782-1400.