



## Request for Donations – 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)

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

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Reason or Purpose for the request:

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Amount Received in 2020 \_\_\_\_\_

Amount Requested in 2021 \_\_\_\_\_

Copy of current Budget attached \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_