



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 <input type="checkbox"/> No Donation Value \$ _____	

Donations given to this organization by Council over the last three years (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.