

Funding Application Form



Please complete the form

| | |
|---|---------------|
| Name: | Phone No: |
| Address: | Email: |
| Post Code: | |
| Name of organisation or individual: | |
| Charity Number / Not for Profit number | |
| Please state the capacity in which you act: | e.g Treasurer |

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|---|
| State briefly the purpose of the application: |
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| If you have costings of the project please outline them briefly: |
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|---|--|
| For a donation to be successful please give us a payee name so that a cheque can be issued: | |
|---|--|

Re-issue of cheques not presented within 3 months will incur a fee of £25 deducted from the donation.

Signed & Dated x _____

Return form to the address below or email it to: shauna.morgan@vale.com

Office Only

| | | | |
|-----------------|---------------------|---------|-------|
| Application No. | Approved / Rejected | Amount: | Date: |
|-----------------|---------------------|---------|-------|

