

## DONATION APPLICATION FORM

Name of Organisation	
Correspondence Address	
Contact Name	
Telephone Number	
Email Address	
Registered Charity?	Yes/No      If Yes, Charity Number:
For what purpose is the donation required?	
Amount of donation required (not exceeding £150)	£
Who will benefit from the project?	
Cheque Payee if successful:	

Please tick to indicate that you have read Styal Parish Council's Grants policy

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:**

1. Donations are awarded to organisations for one-off, special projects and an application cannot exceed £150
2. You are welcome to provide, on a separate piece of paper, any information you feel will support this application
3. Should the donation be approved, the Parish Council will require documentary proof that the money was used for the intended purpose within twelve months of receipt of the funding (this is a statutory requirement).
4. Please return the completed form and supporting information to the Clerk:

*Sue McDonald  
North Arden Lodge  
Lamb Lane  
Ashley  
WA14 3QG*

*Tel: 0161 928 4677*

*Email: [styalpc@ashleyworks.co.uk](mailto:styalpc@ashleyworks.co.uk)*