

Donation Request Form



APPLICANT DETAILS				
Name				
Organisation name				
Recipient category	<input type="checkbox"/> <u>Shire</u> resident	<input type="checkbox"/> <u>Shire</u> community group	<input type="checkbox"/> Other	
Request category	<input type="checkbox"/> Sport & rec	<input type="checkbox"/> Arts, culture & community	<input type="checkbox"/> Aid body	<input type="checkbox"/> Other
Email address			Phone	
Postal address				
DONATION REQUEST				
Request type				
<input type="checkbox"/> Community event/project	<input type="checkbox"/> Regional sporting event	<input type="checkbox"/> Trophy	<input type="checkbox"/> Travel assistance	
<input type="checkbox"/> New community group	<input type="checkbox"/> Other (please detail)			
Description of activity				
Date of activity		Location of activity		
Total cost of activity		Donation amount requested		
How do you propose to use the donation funds?				
If successful, what is your preferred method of payment?	<input type="checkbox"/> Cheque		<input type="checkbox"/> EFT	
If EFT, please provide your BSB and account number.	BSB		Acct	
APPLICANT SIGNATURE				
Name				
Signature			Date	
<p align="center">Email or return completed form to info@manjimup.wa.gov.au or PO Box 1, Manjimup WA 6258</p> <p align="center">More information is available at https://www.manjimup.wa.gov.au/</p>				