



CORPORATION OF THE TOWN OF SMOOTH ROCK FALLS
DONATION POLICY
APPLICATION FORM

Date of Application Submission: _____

Name of Organization: _____

Address: _____

Contact Person: _____

Telephone Number (daytime): _____ (evening): _____

Email Address: _____

Name of Event: _____

Date of Event: _____

Application Details:

FOR INTERNAL USE ONLY

Approval:

Treasurer

CAO

Council: Resolution No. _____ (Approval required only if above the policy set amounts or outside the policy guidelines)