## THE LEONARD CHARITIES TRUST

## REQUEST FOR DONATION FORM

Name of Organization	
Address	
Contact Person (incl. email)	
Chamitre Numban	
Under what authority is your organ Directors	nization managed? Provide supporting evidence including name of
•	d " for such charitable, religious and educational objects and ave a regional provincial or national mandate." Outline briefly the equest is being made.
Amount of donation requested:	
Was a donation granted last year [	□ No □ Yes.
If yes, what amount:	
Date	

PLEASE NOTE: This application must reach the Honourary Secretary, The Leonard Foundation, 66 Wellington St. W. 36th Floor, Toronto ON M5K 1A2 not later than April 15. Attention: Joshua Dorsch/Lori Porco

Please provide copies of the following supporting documentation where available:

- An outline of the project for which you are seeking funding
- Project Budget
- Audited Financial Statements
- Annual Report