

APPLICATION FOR FUNDING

TO: OUT OF THE COLD FOUNDATION

21 Canadian Road, Unit 12A
Scarborough, Ontario M1R 5G2
Attention: Ms. Carol E. Sparkman
TEL: 416-964-6200
FAX: 416-920-5869

Legal Name of Applicant: _____

Corporation Partnership Church/Synagogue Other

Address: _____

City _____ Province _____ Postal Code _____

Telephone: _____

Fax No.: _____

Email: _____

Contact Person: _____ Title: _____

A brief narrative of Applicant's organization and purpose of Funding:

Additional Information can be attached on separate page

Amount of Requested Funding: \$ _____

Dated: _____, 201__.

Signature of Applicant