



## Donation Application Form

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Applicant: \_\_\_\_\_

Grant Request Amount: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Will a donation receipt be issued? \_\_\_\_\_

Receipt issued at time of donation: \_\_\_\_\_

Year End: \_\_\_\_\_ Other: \_\_\_\_\_

### Organization/Project Detailed Description:

Please provide details of the organization or project's anticipated use of grant proceeds (if successful). Include the impact(s) the organization/project has on the Municipality of Sioux Lookout and its residents.

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Requests received after November 1, will not be able to be made in the same calendar year.  
Please return this form at your earliest convenience to:

Sioux Lookout Hydro Inc.  
Attn: Donation Committee  
25 Fifth Ave., PO Box 908  
Sioux Lookout, ON P8T 1B3

For further information please contact  
Deanne Kulchyski, President/CEO  
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Email: [dkulchyski@siouxlookouthydro.com](mailto:dkulchyski@siouxlookouthydro.com)