



**The Rotary Club of Weyburn
Financial Assistance Application**

Organization Name: _____

Address: _____

Contact person: _____ **Email:** _____

Telephone numbers: (h/w) _____ **(c)** _____ **(fax)** _____

Amount of Funding requested: _____

Application Date: _____

Purpose of Funding from the Rotary Club of Weyburn:

Please List Your Organization's Other Sources of Funding:

HOW WILL THE ROTARY CLUB OF WEYBURN BE RECOGNIZED FOR THEIR SUPPORT?

Return to:
The Rotary Club of Weyburn
Box 214, Weyburn, SK S4H 2J9

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Weyburn Rotary Club Community Services Committee to Complete:

Amount Approved:	Amount(s) Paid:	Date(s) Paid:
\$ _____	\$ _____	_____