

**Lower Truro/Truro Heights/Hilden Wind Project
Sustainable Community Funding Application**

Date: _____

Organization Name: _____

Charitable Organization: Yes _____ No _____

Organization Contact Person: _____

Organization Contact Phone: _____

Organization Contact Email: _____

Organization, event and/or project details that the funds will be used to support (please attach and provide any supporting documentation, website links, etc.):

Bank Name (please provide a void cheque): _____

Bank Address: _____

Branch/Transit #: _____

Account #: _____

Donation Amount Requested: _____

Individual Requesting Funds (Print Name & Title): _____

Contact Information (if different from above): _____

Signature: _____