



"A place we are proud to call home"

**District Community Grant Letter Request**

**Committee Name:** \_\_\_\_\_

**Committee Address:** \_\_\_\_\_

\_\_\_\_\_

**Councillor's Name:** \_\_\_\_\_

**Amount Request (please circle): \$100   \$200   \$300   \$400   \$500**

**What will funding be used for?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who does the Municipality of Argyle make cheque payable to?**

**Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Position with Organization/Committee:**

\_\_\_\_\_

MUNICIPALITY OF ARGYLE



MUNICIPALITÉ D'ARGYLE

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**Mailing Address:**

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