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Web www.mornington.ca

Donation Application

Organizations Name & Contact: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

This request fits into the following category:

Rural School System Community Organization Extraordinary Needs

Amount Requested: _____

Can a presentation on this request be made to Mornington Communications if so required? Yes No

Contact: _____ Telephone: _____

Please Describe the project or purpose for which you are requesting funding, explain how the money would be used, who would benefit, and the expected results (you may attach brochures or other supplemental information on your organization or situation):

I certify that all the information on the application is accurate. I will submit a follow-up report on use of the donation within one year of the receipt of the funds.

Signature of Applicant: _____ Date: _____

Send the completed application to:

Donations Committee, Mornington Communications Co-operative Limited, PO Box 70, Milverton Ontario N0K 1M0.

Official Use Only:

Request Funded Date: _____ Amount Funded: _____ GL Code: _____

Signature of Donation Committee Member: _____