



Town of Eleanor
P.O. Box 185
Eleanor, West Virginia 25070

Donation Request Form

The Town of Eleanor will meet in January and July of each year to review donation and sponsorship requests. Requests should be received by December 1st and June 1st of each year.

Date: _____ Request No.: _____

Complete the following information about your organization. Please type or print neatly and limit the information to the space provided. Lengthy proposals are not necessary.

Organization Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Contact(s) and Title(s): _____

Brief History of Organization: _____

Organization's Purpose: _____

Amount Requested: _____ Duration of Project: _____

Project Budget: _____ Date Funds are Needed: _____

Organizations Annual Operating Budget: _____

Annual Administrative Budget: _____

Summary of Project: _____

Proof of Need: (please provide specific data): _____

How the Town of Eleanor's contribution will be used: _____

Funding Sources (Total for Project)

Town of Eleanor: _____

Other Sources: _____

Return completed form to: The Town of Eleanor, 401 Roosevelt Boulevard,
P.O. Box 185, Eleanor, West Virginia 25070, (304) 586-2319, Fax (304) 586-2828