

*REQUEST APPLICATION FOR FUNDS FROM
THE GARDEN CLUB OF BARRINGTON (BCG)*

NAME OF ORGANIZATION_____

ARE YOU A SOCIAL ORGANIZATION YES_____ NO _____

CONTACT PERSON_____

ADDRESS _____

CITY_____

E-MAIL _____

AMOUNT OF FUNDS REQUESTED \$_____

REASON FOR REQUEST/DESCRIBE BELOW OR ATTACH INFORMATION

See Attachment:_____

DOES YOUR ORGANIZATION RECEIVE FUNDS FROM OTHER ORGANIZATIONS?	Y___ N___
DOES YOUR ORGANIZATION REGULARLY SOLICIT FUNDS FROM DONORS?	Y___ N___
IS THIS FUNDING NECESSARY TO COMPLETE THE PROJECT DESCRIBED ABOVE	Y___ N___
WILL THIS PROJECT BE COMPLETED THIS YEAR?	Y___ N___
DOES THIS PROJECT REQUIRE HELP, ADVICE OR LABOR LAW FROM THE GCB?	Y___ N___

SIGNED _____

TITLE_____ DATE _____

FOR CONSIDERATION, YOUR APPLICATION MUST BE POSTMARKED NO LATER THAN
FEBRUARY 28, 2022 AND MAILED TO THE FOLLOWING ADDRESS:

Philanthropy Chair
The Garden Club of Barrington
P. O. Box 1108
Barrington IL 60611

