



Restore your **home**. Restore your **heart**.

**Treasures for your Home Society
(Cochrane Home Treasures)**

Application Request for Funding

We prioritize the needs of Cochrane but also donate to groups and individuals from adjacent areas when the need arises.

Name of Organization _____

Contact Person _____

Title _____

Mailing address _____

Email address _____

Phone # _____

Amount Requested: _____

Describe your organization

Explain your request, taking into account the purpose, dates and who will benefit.

If you have any quotes or papers to document your request, please include them.

Have you requested funds for this project from any other sources? This will not impact your request. Yes _____ No _____

If yes, please give the amount and the outcome. _____

Please mail your request to:
Cochrane Home Treasures
PO Box 1868
Cochrane. AB T4C 1B7

or drop it off at
Cochrane Home Treasures
208 Fifth Avenue #2 Cochrane AB T4C 1X3
to the attention of Board Chair

Cochrane Home Treasures Use only

Date received _____ Request granted/denied _____