

Application for Charity Donation

Please return the completed form to:

The Mary Leishman Foundation, 32 North Marches, Anstruther Fife KY10 3YN

Touridation		
CHARITY/ORGANISATION DETAILS		
Name of Charity/Organisation:		
Address and Postcode:		
Charity Reg. No: (if applicable)		
Name of Contact:	Title:	
Contact Address: (if different from above)		
Position:	Contact Tel.No:	
Email:	Fax No:	
BACKGROUND TO CHARITY a. What is your charity/organisation set up to do:		
b. Where do you work (geographical area): c. What is the structure of your organisation e.g. trustees, comm	nittee members:	
or writer to the structure of your organisation organisation, estimated members.		
CURRENT ACTIVITIES		
a. What are your current activities?		

b. Who benefits from your service?	
WHAT DO YOU WANT FUNDING FOR?	
Please give details of the project or part of your wo	ork for which you are applying for funds:
HOW MUCH FUNDING DO YOU REQUIRE?	
£	
Breakdown of costs (please be specific as to the ex-	act costs that will be utilised by the grant, as this will speed up the
application process).	and occidental time action and all grains, and all of the opening appears appears
Is this the total amount required? (Please delete ap	propriately) YES / NO
If not please indicate how you are intending to rais	se the remaining balance and from what sources:
If applicable, please give details of other sources of	of income raised or committed so far?
ADDITIONAL INFORMATION	
If applicable, please attach your most recent appl	ual report and accounts as well as any additional documents
and background information which may support the	
CHEQUE PAYABLE TO: (IF YOUR APPLICATION IS SUCCESSFUL)	
(II TOOK AT LIGATION IS SOCIED SE)	
Signed	Name in Print
Position	Date
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Signatory must be a trustee or senior representative of	trie criarity/organisation

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