

Request for Funding for Group/School/Club



Name

Amount to fund

Date required for funding

Recipient details

Address:

Postcode:

Do you have liability insurance?

Yes

No

Email Address

Contact Number

Details of project funds

Total
cost of
project

Bank Details: Account No:

Sort Code:

Fund Manager Signature

Date

Print Name

Detailed description of request for funding

Please return to: admin@angeltrust.co.uk

or post to Belvedere House, Kingsway, Bishop Auckland, DL14 7JN

Finance Use Only:	Board Meeting:
Fund Name
Date Form Received