

Sevenoaks Round Table
Community Service Application for Fund

Name of Organization or Individual: _____

Address: _____

Contact Person: _____

Telephone #: _____

Email: _____

WebPage: _____

Charity Registration # (if available): _____

Area of Coverage: _____

Purpose of Charity:

Amount of Request for Capital Purchases: £ _____

Purpose of Request (please attach any estimates or quotes):

Who will benefit (Individual, residence, specific group, general community)?

How will they Benefit?

Please provide any additional information including letters, estimates and registration certificates as an attachment.

Signed: _____

Date: ___/___/___