

GARFIELD WESTON FOUNDATION

Details of Organisation applying for Grant

Please complete this form IN CAPITAL LETTERS and return it to the address at the bottom of the form, together with your application.

NAME OF ORGANISATION
GRANT CHEQUE PAYABLE TO (if different from above)
CHARITY REGISTRATION NUMBER
PROJECT NAME (or whether application is for core costs)
ADDRESSEE TITLE.....FIRST NAME
SURNAME.....
JOB TITLE.....
ADDRESS
POSTCODE.....TEL.NO.....
E-MAIL ADDRESS.....
CATEGORY OF ORGANISATION (please tick one only) ARTS <input type="checkbox"/> COMMUNITY <input type="checkbox"/> EDUCATION <input type="checkbox"/> ENVIRONMENT <input type="checkbox"/> <input type="checkbox"/>
HEALTH <input type="checkbox"/> RELIGION <input type="checkbox"/> WELFARE <input type="checkbox"/> YOUTH <input type="checkbox"/> OTHER <input type="checkbox"/>
Have you applied for a grant from the Garfield Weston Foundation before? YES <input type="checkbox"/> NO <input type="checkbox"/> (Please tick as appropriate)
Please return to:- Ms Philippa Charles The Garfield Weston Foundation, Weston Centre, 10 Grosvenor Street London, W1K 4QY