



VILLE DE - TOWN OF
Gravelbourg

P.O. Box 359, 209 Main Street
Gravelbourg, SK. S0H IXO Canada
T: (306) 648-3301 • F: (306) 648-3400

Community Group Financial Contribution
Funding Declaration

Name of Organization: _____

Address: _____

Contact Person: _____

Position: _____

Telephone Number: _____

E-mail Address:

Declaration:

I declare that the contribution received from the Town of Gravelbourg has been spent according to the stated purpose as approved on the application

Name (print) : _____

Signature: _____

Date: _____