

BRIAN TODD MEMORIAL COMMUNITY FUND

SUPPLEMENTAL INFORMATION FOR NON-QUALIFIED DONEES

(to be completed and submitted with the completed General Program Grant Application)

Name of Organization: _____

Contact Person: _____ Position in Organization: _____

Address: _____

Phone: _____ Email Address: _____

Explain in detail what the organization does.

How long has your organization provided your services/activities in Brighton?

Please list the names of your Board of Directors/Management Team.

Name of Treasurer/bookkeeper: _____

Treasurer/bookkeeper phone #: _____

Treasurer/bookkeeper E-Mail Address: _____

Attach a copy of your most recent annual financial statement.

Attach a copy of your current cash position and cash projections for the current year.