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Application for Funds from RoundUP Program Donation

Organization Name:		Phone #:		
Organization Address:				
Name of Individual Submitting Appli	cation:			
Are you a non-profit organization?		Yes	No	
Type of Request:	Personal	Group	Community	
How will the funds be used?				
What are the benefits to the Stought	on Community?			
What other information would you li	ke to share?			
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Applicant Signature:			Date:	
Annlicant Signature:			Nato:	