

(Please print clearly. Feel free to attach additional pages if more room is needed.)

Date:	Contact Person's Name:
Mailing Address:	
Phone #:	Email:
Name of Organization	
Organization's Address	
Information on the Organiza	tion (mission or vision statement, history, who or what the
Amount Requested (up to \$5	00) \$
	ich funds will be used
	ed
Date funds will be needed (P	lease remember submission deadline is 6 weeks prior to date of
	gree that the information in and appended to this application may be
Signature of Applicant X	
MAIL THE COMPLETED APPLI	CATION TO: Pendleton on Wheels Attn: Grant Committee 414 NW 12 <sup>th</sup> Street Pendleton, OR 97801

www.pendletononwheels.org

Or email: <a href="mailto:cponiewozik@yahoo.com">cponiewozik@yahoo.com</a>