

# Twin City Garden Club



**5: 3D,F34>79;H @9 @A? ;@3F;A@ 8AD?**

*Deadline for applications - February 15. If you need any additional information, please attach to this form.*

**TCGC member submitting request:** \_\_\_\_\_

**Organization Name :** \_\_\_\_\_

**Organizational Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Requested Amount: \$** \_\_\_\_\_

**Mission of Organization:** \_\_\_\_\_

\_\_\_\_\_

**Please describe how the funds will be used.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**During what time period will the funds be used?** \_\_\_\_\_