Metcalf Renewal Program

APPLICATION COVER PAGE

Name of Organization

Contact Name | Position

Address

City | Province | Postal Code

Telephone | Fax

E-mail | Website

Charitable Registration Number | Total Organizational Revenue (from last audited statements)

Signature | Date

This organization would traditionally apply to the following Metcalf Foundation program:

☐ Community ☐ Environment ☐ Performing Arts

Amount Requested | Duration (specify months or weeks)

Please provide a short description (250 words or less).

METCALF FOUNDATION

The George Cedric Metcalf Charitable Foundation
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FAX 416 926 0370
www.metcalffoundation.com