



Discretionary Fund Request

Are you a member of the Wellness Coalition-Avalon East? _____

Name of Organization: _____
Contact Person: _____
Telephone: _____
E-mail: _____
Mailing Address: _____
Postal Code: _____

Wellness Event: _____

Date of Request: _____ Date of Event: _____
Anticipated number of participants: _____
Amount Requested: _____
Item requested (e.g. nutritious snacks, travel,) _____
Indicate other funding sources for this event: _____

Please fax to 752-4833. Funds will be issued to approved applicants on a reimbursement basis following submission of receipts.