



North Coast **CHALLENGE**

Request for Funding

Name of Organization: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Amount Requested: _____

Have you received funds in previous years? If so, what was the amount and what did you use the donation for? _____

Funds received from North Coast Challenge will be used for: _____

Number of volunteers participating on day of North Coast Challenge: _____

Please provide a brief description of your organization: _____

Thank you for your support of North Coast Challenge presented by Celebrate Westlake!

Please send this form to:

Freda Juba

St. John West Shore Hospital

29000 Center Ridge Road – Westlake, OH 44145

or email to Freda.juba@csauh.com

To be considered for funds, completed form must be received **NO LATER than August 15, 2009.**