

STOP THE TOAD FOUNDATION (Inc)

APPLICATION FOR FUNDS 2009/2010

TITLE OF THE PROJECT NATIONAL ERADICATION OF CANE TOADS INITIATIVE

APPLICANT DETAILS:

Name of Community group
or names of individuals
involved

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NO OF VOLUNTEERS

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CONTACT PERSON

Position in organisation
(if applicable)

Telephone No

E-mail

Postal address

Day:	Fax:	Mob:

***PLEASE STATE WHAT \$100
WAS USED FOR e.g. purchase
torch batteries, collection
bags, gas for euthanizing etc.***

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PLEASE ENSURE RECEIPTS FOR YOUR PURCHASES ACCOMPANY APPLICATION FORM!

BANKING DETAILS

BSB number

Account Number

Name of Financial Institution

Address of Financial Institution

Name of Account

HAVE YOU RETURNED THE DATA FORM ?

AVAILABLE FROM OUR WEBSITE : www.stopthetoad.org.au

YES	NO
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OFFICE USE ONLY

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