



COLLIE RESCUE FOUNDATION
Grant Application Form

Name of Rescue: _____
Contact Person: _____
E-mail address: _____
Phone: _____
Address (to mail check): _____

The following information is for CRF internal use only and will not be shared. We are requesting this data in lieu of asking for any receipts to be submitted in order to qualify for this grant.

Number of dogs rescued in calendar year 2020: _____
Expenditures in calendar year 2020: _____
Donations in calendar year 2020: _____

PLEASE MAIL COMPLETED FORM TO: Paula Clairday, stornowaycollie@yahoo.com or 4076 Maggie Lane, Middleburg, FL 32068