



Augie's Cares Application Grant/Donation

Date: _____

Name or organization requesting funds: _____

Your name: _____ Phone #: _____

Type of Request:

Educational

Arts

Athletics

Other (Please explain: _____)

Do the people benefitting from this amount live in the Tawas area? Yes No

If no, please explain _____

Project name: _____ Total Cost: _____

Amount requested from Augie's Cares: _____

Are there other funding sources? Yes No

If yes, please explain: _____

Briefly describe who will benefit from this grant/donation:

Funding requestor's signature: _____

Please submit your completed application to:

Augie's Cares Foundation Committee

175 W Lake St.

Tawas City, MI 48763

OR

Email application to: **mandy@augiescares.org**