



Augie's Cares Application - Hardship

Date: _____

Your Name: _____ Phone #: _____

Total amount requested _____

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

Please describe the purpose for funds:

Briefly describe who will benefit from this donation:

Any additional information:

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