



GRANTS FOR ASSISTANCE APPLICATION Year Round Intake for Grants Under \$1,000

Organization Information Sheet

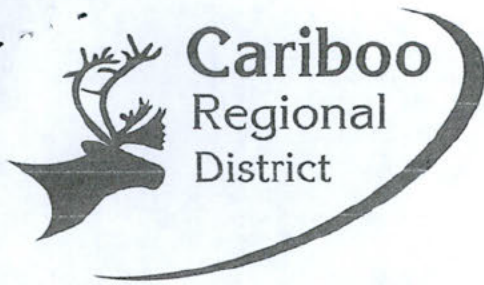
Name of Organization:	HOUGH MEMORIAL CANCER FUND SOCIETY.	
Mailing Address:	PO BOX 4311 WILLIAMS LAKE BC V2G2V4	
Telephone (office):	—	email: —
Purpose of Organization:	OUR MANDATE IS TO PROVIDE "CANCER DETECTION" EQUIPMENT FOR THE WILLIAMS LAKE LOCAL HOSPITAL, CMH	
What Community does your organization serve?	WILLIAMS LAKE, CARIBOO AREA	
BC Society Registration Number:	119237915 RR001	
Federal Charitable Registration Number: (if applicable)	—	
Chairperson's name:	MARY TELFER	
Telephone:	[REDACTED]	email:
Treasurer or Financial Officer's name:	AUDREY HYDE	
Telephone:	[REDACTED]	email:

Previous Grant from CRD:

If applicable, please indicate the year, grant amount, and project.

Year: _____ \$ _____

Project:



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Please answer the following questions, using additional paper if necessary.

1. Brief Description of Proposed Use of Grant Being Applied For:?
ADVERTISING COST TO PRINT "NEW" NEW'S LETTER TO SEEK FUNDS AND VOLUNTEERS TO RAISE PUBLIC AWARENESS OF OUR ORGANIZATION.
2. Start date of the project: JANUARY 2023 End date for the project: MARCH 2023
3. How will you indicate that the CRD is contributing to your organization?
BY ADVERTISING IN LOCAL PAPER & DR'S OFFICES.

THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

[Redacted Signature]
President/Chairperson

Nov 8 2022
Date