

Town of Claresholm Application for Donation
(Policy 5.1.01 – Schedule “A”)



Date of Application: July 18, 2025

Date of Event: August 24, 2025

1. Applicant Information

Name of Applicant: Wandering Willows Fundraising Society

Address: Box 3082 Claresholm AB

Contact Person: Carmelle Steel

Phone, Fax, Email: 403-489-0885

2. Type of Organization: (circle) ARTS/CULTURE RECREATION/SPORTS EVENT OTHER(specify)
Fundraise for the benefit of longterm care residents

3. Is the Organization registered with Revenue Canada as a Charity? (circle) YES NO

If yes provide registration date & # 105583116 RP001

4. Is the Organization incorporated as a non-profit organization? (circle) YES NO

If yes provide registration date & # _____

5. Type of Donation: (check and explain)

- COMMUNITY EVENT
- COMMUNITY PROJECT FUNDING
- IN-KIND CONTRIBUTION - Fee Waiver
- Other (explain):
- SPECIAL EVENT
- DONATION - Financial Assistance
- IN-KIND CONTRIBUTION - Service, Equipment or Materials

Explanation:
Annual Grandparents Day event - Lions Beef and Bun Car show

Amount (value) Requested: use of 2 tents + 8 barricades

6. Details of how the funds will be expended:

9. Is a copy of the organization's operational or project budget attached?
YES NO

7. Previous Donations

Has your organization received donation from the Town of Claresholm in the past? If so, please explain the amount and use of these donations.

| Date | Amount | Use of Funds |
|----------|---------|---------------------------|
| Aug 2024 | in kind | use of tents + barricades |
| Aug 2023 | " | " |
| | | |

8. Organizational Information

What services or activities does your organization provide to the Town of Claresholm residents? (Please attach a list of membership/executive)

We fundraise to improve the lives of the residents of the Willow Creek Continuing Care Centre - music, happy hour, day trips, new gazebo + patio (2024)

Describe in broad terms the principal objective of your organization or initiative:

see above

How will your organization acknowledge the Town's donation?

Signage at event

10. Please provide a detailed list of all sources of funding for the organization.

| Funding Source | Amount | Recommended Use of Funds |
|----------------|--------|--------------------------|
| N/A | | |
| | | |
| | | |