



WSHC EQUINE FOUNDATION, INC.

Grant/Donation Request Information Sheet

Date Request Received: _____

Organization Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

E-Mail Address: _____

Amount Requested: _____

Purpose: _____

Additional Information / Comments: _____

Have you applied at another time for funding from this Foundation or from Wisconsin State Horse Council? Yes No

What other resources are funding your project? _____

WSHCEF use

Amount Granted: _____

Date Paid: _____

Send form to: 132 S. Ludington Street, Suite A, Columbus, Wisconsin 53925