



SAANICH LEGACY FOUNDATION  
*your vision — our mission*

**Saanich Legacy Foundation**  
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## APPLICATION FOR RELEASE OF FUNDS HELD IN TRUST

Name of Applicant/Organization: _____		
Contact Person: _____		
Address: _____		
City: _____	Province: _____	Postal Code: _____
E-mail: _____	Website: _____	
Phone: _____	Cell: _____	

### Project Information

Project Title: \_\_\_\_\_

Start date: \_\_\_\_\_ Anticipated Completion date: \_\_\_\_\_

Amount being held in trust: \$ \_\_\_\_\_

Application date: \_\_\_\_\_

Requested Amount \$ \_\_\_\_\_

Date Funds Required \_\_\_\_\_

Amount Remaining \$ \_\_\_\_\_

- Indicate original source of funds (i.e.: fundraising, donations, grants) and/or the name of the source:
  
- Indicate how the funds will be used.
  
- Will Saanich Legacy Foundation be recognized for its participation in the project? If yes, indicate how.

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Programme or Project Director

Date: \_\_\_\_\_