**SNAITH & COWICK RELIEF IN NEED CHARITY**

ONLY APPLICABLE TO RESIDENTS OF SNAITH AND COWICK

NAME: .................................................................

ADDRESS : .................................................................

 .................................................................

CONTACT NUMBER: ............................................

GRANT REQUIRED (please give details)

AMOUNT REQUIRED: .....................................................

Please return to: Snaith & cowick Relief in Need Charity

 C/o 80 St. Lawrence Avenue, Snaith, DN14 9JH

ALL INFORMATION DEALT WITH IN CONFIDENCE BY COMMITTEE