

Upper's Winter Fantasy of Lights

a non profit charitable event established 1997

CHARITABLE RECIPIENT APPLICATION FORM



Name of Organization _____

Address _____

Description of Need:

Specific Use of Funds:

Other Sources of Funds:

Service Area:

Population Served: _____

Contact Name: _____

Phone No.: _____ Date: _____

Please note: You must attach your non-profit or 501C charitable organization paperwork to be eligible to be a Fantasy of Lights Charitable Recipient. Please return this form to Fantasy of Lights at P. O. Box 6, Upper Sandusky, Ohio 43351. If additional space is needed you may add one additional page to this application.