**CHARITY APPLICATION FORM**

Full name:

Email address:

Contact telephone number:

Name of charity / organisation being nominated:

Contact telephone number for charity / organisation:

Contact email address for charity / organisation:

T

H

E

C

E

N

T

R

E

,

L

I

V

I

N

G

S

T

O

N

C

H

A

R

I

T

Y

P

A

R

T

N

E

R

chosen charity / organisation:

Website address for charity / organisation:

Why would this particular charity / organisation benefi t from being one of The Centre’s Charity Partners?:

Please check this box to confi rm that you are authorised to apply on behalf of your