



District of Elkford
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IN-KIND ASSISTANCE REQUEST FORM

ORGANIZATION INFORMATION:

Table with 3 columns: Name of Society or Organization, Society #, Contact Person, Home Phone #, Business Phone #, Mailing Address

Request:

1. In-Kind Assistance Requests for Labour and Equipment:

Five horizontal lines for text entry

OR

2. In-Kind Assistance Requests for Branded Promotional Items for Events

Five horizontal lines for text entry

Date

Signature

Submit completed original application to: District of Elkford, Attention: Director of Financial Services