

CAROL FUND FOR ANIMALS GRANT APPLICATION

Name of Group: _____

Address: _____

Phone Number: _____

EIN Number: _____

Description of cat: (Also describe where cat was rescued and include a photo and copy of shelter intake form)

What medical or special needs does this cat have? Which veterinary practice will receive funds?

Name of Group Representative (print): _____

Signature: _____

Date: _____