



Batting For Battens Inc.

22 Cambridge Place, Wishart, QLD, 4122

Application for Grant

Name of Applicant: _____

Address: _____

Phone Contacts: (Home) _____ (Mobile) _____

Email: _____

Person(s) Affected by Batten Disease: _____

Need: _____

Size of Grant: \$ _____ (please attach quote(s) for work if relevant)

Approximate time frame required for payment: _____

Signed: _____ Date: _____

Applicant

Please forward this completed application:

By Mail:

The Secretary
The Batting for Battens Inc
22 Cambridge Place
WISHART QLD 4122



Or by email:

enquiries@bfbf.org.au / ccavanagh@digisurf.net.au

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