

APPLICATION FOR PROCLAMATION

(Please complete and submit your completed form to the Town Clerk @ $\underline{\text{clerks@richmondhill.ca}}$ at least three weeks in advance of the occasion)

<u>Please Print</u>	
ORGANIZATION NAME: Sickle Cell Asso	ociation of Ontario (SCAO)
CONTACT NAME: Mr. Mrs. Ms. Miss Lisa Bailey	
ADDRESS: 1171 McCowan Road P.O. Box	41562
CITY/TOWN: Toronto	
PROVINCE: Ontario	POSTAL CODE: M1S 5G8
HOME PHONE:	BUSINESS PHONE:
FACSIMILE: I	EMAIL: president@sicklecellontario.ca
PROCLAMATION REQUESTED (Name	or title of proclamation):
September Sickle Cell Awareness Month	
DATES OF PROCLAMATION (Please ch	neck and insert dates)
□Day(s)	Week
⊠Month September	
PURPOSE OF PROCLAMATION (Pleas	se check all that apply):
☐Civic Promotions⊠Public Awareness	s Campaign ☐ Charitable Fundraising Campaign
☐Arts and Cultural Celebration☐Speci	ial Honor for individual or Organization
Other (please explain)	
DESCRIPTION OF YOUR ORGANIZATION (Finformation related to your request. Addition application):	Please include a brief description and any other relevant nal information/documentation may be attached to this
SCAO is a community-based, a	und charitable organization providing
support to those living with Sickle Cell Disease and their families.	
Has the same or a similar proclam Council in past years? Yes (insert date of previous request) No (new request)	nation been requested of the Richmond Hill
⊠ 140 (new request)	
You must provide the draft wording for you proclamation from the Mayor.	ur proclamation in order to receive an official signed
	ollected under the authority of the Municipal Act. The ing the application for proclamation. Questions about this wn Clerk (905) 771-8800.
SIGNATURE: Lisa Bailey	DATE: July 26th, 2019
PLEASE RETURN OUR COMPLETED Office of the Clerk 225 East Beaver Creek Road Richmond Hill, ON L4B 3P4 clerks@richmondhill.ca; Fax 905-771-26	, , , , , , , , , , , , , , , , , , ,