



Pro-life Sunday Grant Application

PLEASE PRINT

Organization: _____

Address: _____

Contact Person: _____ Position: _____

Telephone No.: _____ Email: _____

Briefly describe your mission:

Grant Amount Requested: _____

Description of Project requiring Funding: _____

How will you measure the success of your project and how does it meet the RCAV Pro-life priorities and goals, as noted below?

Archdiocese of Vancouver Pro-life Priorities:

- | | |
|--|---------------------------------|
| 1. Prayer | 4. Civic Action |
| 2. Crisis Response (abortion and euthanasia) | 5. Ecumenical Relations |
| 3. Education | 6. Liaison with Pro-life groups |

