Glenrothes Helping Hands Fund

Castle Furniture Project | Customer Referral Form
Please send completed forms to gailjackson@castlefurniture.org

# 1. Referring Agency (if you are not being referred, please go to section 2)

|  |  |
| --- | --- |
| Organisation: |  |
| Contact Name: |  |
| Email: |  |
| Phone Number: |  |
| Referral Date: |  |

# 2. Customer Details

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Email: |  |
| Phone Number: |  |
| Product(s) Required: |  |

# 3. Eligibility

|  |  |
| --- | --- |
| I confirm that I have been unsuccessful in a recent Community Care Grant Application: |  |
| I confirm that I have provided proof of benefit: |  |
| Please provide a brief description of how the funding will help: |