Testimonials (1):

Please have two (2) or more individuals (can be anonymous) who have benefitted from the grant to provide a testimonial(s) by answering the following questions:

1. Name or Role (eg: mom, client, staff, volunteer):

Click or tap here to enter text.

1. Please describe your involvement with this initiative?

Click or tap here to enter text.

1. What is the best thing that happened to you as a result of this initiative?

Click or tap here to enter text.

1. Why is this significant? Why does it matter?

Click or tap here to enter text.

CAN BE ANONYMOUS or sign off below…

I, full name grant permission to the Niagara Community Foundation and persons acting for or through them, the right to use, reproduce and/or distribute this testimonial provided by me or my child for the purposes of promoting the Niagara Community Foundation and its funding streams through its website, social media, or printed material.

Signature Click or tap here to enter text. Date Click or tap here to enter text.

Testimonials (2):

Please have two (2) or more individuals (can be anonymous) who have benefitted from the grant to provide a testimonial(s) by answering the following questions:

1. Name or Role (eg: mom, client, staff, volunteer):

Click or tap here to enter text.

1. Please describe your involvement with this initiative?

Click or tap here to enter text.

1. What is the best thing that happened to you as a result of this initiative?

Click or tap here to enter text.

1. Why is this significant? Why does it matter?

Click or tap here to enter text.

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