



APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

Name or Organization: _____

Address: _____

Phone: _____

Contact Person: _____

Purpose of Request (Include amount requested and specifics of how funds will be used):

List other sources of funding for use of request as described in the above:

Is organization requesting funding exempt from payment of income tax?

Yes _____ No _____

If agency request, what area(s) will be served by request?

The information contained in this statement is for the purpose of obtaining funding from the Central Wisconsin Electric Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and correct until a written notice of a change is provided. The Central Wisconsin Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name or Organization

Signature of Representative

Date