



## APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

How many in household? \_\_\_\_\_

Central Wisconsin Electric Cooperative Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Reason for Request for Donation:

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Are you receiving any other form of assistance or aid for the above stated request (insurance, donations, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

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Employer:

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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 the information provided is true and complete and that the Central Wisconsin Electric Trust may consider this statement as continuing to be 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.

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APPLICANT

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APPLICANT

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DATE