

Rural Electric Cooperative Foundation, Inc.

P.O. Box 609
Lindsay, Oklahoma 73052
(405) 756-3104

Application for Donation for Organization/Agency

Name of Organization _____

Address _____

City

State

Zip Code

Phone Number _____

Work

Home/Cell

Contact Person _____

Name

Title

Is organization requesting funding exempt from payment of income tax: Yes _____ No _____

If yes, a copy of letter (Form 501[c] 3) from Internal Revenue Service must be attached.

A copy of financial statement(s) for most previous year should be provided. If not available forms will be provided.

a. Statement attached: _____

b. Forms requested: _____

Number of individuals, families or groups assisted in Rural Electric Cooperative Foundation, Inc. service area during last year: _____ (Specify by County)

Does agency serve outside Rural Electric Cooperative Foundation service area:

Yes _____ No _____

If yes, please provide information on number served and location.

State Purpose of Organization/Agency Request: (Include amount requested and specifics of how funds will be used.)

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

How are agency programs measured for effectiveness?

Please list three reference

Name	Phone		
Address	City	State	Zip Code
Name	Phone		
Address	City	State	Zip Code
Name	Phone		
Address	City	State	Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Rural Electric Cooperative Foundation, Inc. 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 complete and that the Rural Electric Cooperative Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Rural Electric Cooperative Foundation is authorized to make all inquires they deem necessary to verify the accuracy of the statements made herein.

Name of Organization

Signature of Representative

Date