



Operation Round-Up Request for Donation

CONTACT INFORMATION

Organization Name: _____
Contact Name: _____
Mailing Address: _____ City, State, Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

PURPOSE FOR REQUEST

Briefly describe the project for which funding is being requested and where this project is located.

AMOUNT REQUESTED: \$ _____

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete.

Printed Name

Date

Signature

OUR POLICY

Funds cannot be used for political purposes, individuals, families, or sponsorships. Application will be reviewed by a committee with recommendation submitted to the Board of Directors for approval.

_____ A Touchstone Energy® Cooperative _____



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