

Your Touchstone Energy® Cooperative 😥

## **APPLICATION FOR DONATION** FOR INDIVIDUAL AND/OR FAMILY

Phone:	Name:
Phone:	Address:
How many in household? Central Wisconsin Electric Cooperative Member? Yes No Dollar Amount Requested: Reason for Donation Request:	
Central Wisconsin Electric Cooperative Member? Yes No Dollar Amount Requested: Reason for Donation Request:	Email Address:
Dollar Amount Requested:	How many in household?
Reason for Donation Request:	Central Wisconsin Electric Cooperative Member? Yes No
	Dollar Amount Requested:
	Reason for Donation Request:

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

If you are receiving other forms of assistance or aid for the above stated request, please list those forms of assistance or aid.

**Employer:** 

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.

APPLICANT

APPLICANT

DATE

Please complete and return to: Central Wisconsin Electric Cooperative Attn: Operation Round Up P.O. Box 100 Rosholt, WI 54473