



OPERATION ROUND UP® PROGRAM

206 County Rd K
Lancaster, WI 53813
(608) 723-2121 or (800) 236-2141

**APPLICATION FOR DONATION
FOR ORGANIZATION/AGENCY**

1. Name of Organization: _____
2. Address: _____

Street or Post Office Box

City or Town

State

Zip Code
3. Phone Number: _____

Home

Work
4. Contact Person: _____

Name

Title
5. Is organization/agency 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.
6. State Purpose of Request: (Include amount requested and specifics
of how funds will be used.)

7. List other sources of funding for request described above:

8. How are programs of organization/agency measured for effectiveness?

9. Please list three references.

Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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The information contained in this statement is for the purpose of obtaining funding from Scenic Rivers Energy Cooperative 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 Scenic Rivers Energy Cooperative may consider this statement as continuing to be true and correct until a written notice of a change is provided. Scenic Rivers Energy Cooperative is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization/Agency

Signature of Representative

Date