



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:

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

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 WI Electric Co-op
Attn: Operation Roundup
P.O. Box 100
Rosholt, WI 54473