



**APPLICATION FOR DONATION FOR
INDIVIDUAL/FAMILY**

Name: _____ (#1)

Other Members of Household:

	Last Name	First	Relationship
a.	_____	_____	_____ (#2)
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

Address: _____

Street/PO Box	City/ST	Zip
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Phone Number(s): _____

Home	Mobile	Work
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Employer(s) of those listed in No. 1 and 2 above:

(#1) Name of Employer	Supervisor
_____	_____

Address	Phone Number
_____	_____

(#2) Name of Employer	Supervisor
_____	_____

Address	Phone Number
_____	_____



**Chariton Valley
Electric Cooperative, Inc.**

Your Touchstone Energy® Cooperative 

Chariton Valley Electric Cooperative
Operation Round Up Foundation
PO Box 486 Albia, IA 52531
800-475-1702

Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes ___ No ___

If yes, please list:

The information in this statement is for the purpose of obtaining funding from the Chariton Valley Electric Cooperative Operation Round Up Foundation on behalf of the undersigned. Each undersigned understands that the information provided herein is used in the decision to grant funding, and each undersigned represents and warrants that the information provided is true and complete and the Chariton Valley Electric Cooperative Operation Round Up Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Chariton Valley Electric Cooperative Operation Round Up Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature Applicant #1

Date

Signature Applicant #2

Date