

## Capital Electric Charitable Trust, Inc.

P. O. Box 730 Bismarck, ND 58502-0730 Telephone: (701) 223-1513 or (888) 223-1513

## APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

Street or Post Office Box		
Street of 1 ost Office Box		
City	State	ZIP Code
phone:	Llama Dhana at	Contact Darson
	nome Phone of	Contact Person
act Person:  Name	Title	
I Amount Requested: \$		
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a. Statement attached: ber of individuals, families or groperative's service area in the pas	on IS FOR AN INDIVIDUAL, NO FIND  oups your organization/agency serve	NANCIAL  ed in Capital Elect
a. Statement attached: ber of individuals, families or groperative's service area in the pas	oups your organization/agency servest year:  e outside Capital Electric Cooperative	NANCIAL  ed in Capital Elect
	Business Phone  act Person:  Name  I Amount Requested: \$  e organization requesting funds	Business Phone Of Home Phone of Fact Person:    Name   Title     Amount Requested: \$   e organization requesting funds exempt from payment of Income Tales, a copy of letter (Form 501 (c) (3)) from the Internal Revenue Se

## APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

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List other sources of fund	ing for use of request as des	scribed in 10. above:	
			<del></del>
Please list three reference	es.		
Name		Telephone Number	
Address	City	State	ZIP Code
Name		Telephone Number	
Address	City	State	ZIP Code
Name		Telephone Number	
Address	City	State	ZIP Code

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THE INFORMATION CONTAINED IN THIS STATEMENT IS FOR THE PURPOSE OF OBTAINING FUNDING FROM THE CAPITAL ELECTRIC CHARITABLE TRUST, INC. ON BEHALF OF THE UNDERSIGNED. THE UNDERSIGNED UNDERSTANDS THAT THE INFORMATION PROVIDED HEREIN IS USED IN DECIDING TO GRANT FUNDING, AND THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND THAT THE CAPITAL ELECTRIC CHARITABLE TRUST, INC. MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE AND CORRECT UNTIL A WRITTEN NOTICE OF A CHANGE IS PROVIDED.

THE CAPITAL ELECTRIC CHARITABLE TRUST, INC. IS AUTHORIZED TO MAKE ALL THE INQUIRIES THEY DEEM NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE HEREIN.

Signature of Applicant	
Title	
Date	