




Your Touchstone Energy® Partner 



APPLICATION FOR DONATION FOR ORGANIZATION / AGENCY

1. Name of Organization/Agency: _____
2. Address: _____
3. Contact Person & Title: _____
4. E-mail Address: _____
5. Phone Number: _____
6. Is organization/agency requesting funding income tax exempt? Yes___ No___
If yes, a copy of letter (Form 501c3) from Internal Revenue Service must be attached.
7. Attached copy of financial statement(s) for most previous year? Yes ___ No ___
If no, please explain.
8. Have you previously received funding from other entities? Yes ___ No ___
If yes, please list the amount and date you received the funds:

9. State Purpose of Organization/Agency Request: (Include amount requested and specifics of how funds will be used. Use additional sheets if necessary.)

10. List sources of funding for use of request as described in the above:

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

ORGANIZATION/AGENCY	SIGNATURE OF REPRESENTATIVE	DATE
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Mail completed application to:	Medina Electric Cooperative, Inc Operation Round Up Trust Committee P O BOX 370 Hondo, TX 78861	
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Or FAX to: 830-426-2796
ATTENTION: Trust Committee

FOR OFFICIAL USE ONLY

APPROVED: Date _____ Amount _____

TRUSTEES SIGNATURE (3)

REJECTED: Date _____ Referred _____
