




Your Touchstone Energy® Partner 



## INDIVIDUAL OR FAMILY APPLICATION FOR DONATION

Name: \_\_\_\_\_  
Last First MI Spouse

Children or other Members Permanently Living in Household:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: \_\_\_\_\_  
Street or P. O. Box

\_\_\_\_\_ City State Zip Code

Phone Number: \_\_\_\_\_  
Home Work

Employer of Applicant and Spouse:

**Applicant:**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Spouse:**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Reason for Request for Donation: (Include intended specific use of funds.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously received funds from any other organizations? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list the amount and the date you received the funds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address and phone number of individuals or organizations familiar with your situation:

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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 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 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.

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SIGNATURE OF APPLICANT                      SPOUSE                      DATE

Mail completed application to: Medina Electric Cooperative, Inc  
Operation Round Up Trust Committee  
P O BOX 370  
Hondo, TX 78861

Or FAX to: 830-426-2796  
ATTENTION: Trust Committee

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**FOR OFFICE USE ONLY**

**APPROVED:** \_\_\_\_\_  
Date                      Amount

**TRUSTEES SIGNATURE**

**REJECTED:** \_\_\_\_\_  
Date                      Referred

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