



3. Include a letter explaining what impact this gift card would have on your family and their time together during this holiday season.

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

\_\_\_\_\_

City	State	Zip Code
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5. Daytime Phone Number (include area code): \_\_\_\_\_

6. E-mail Address: \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the Medina Electric Cooperative, Inc. 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 Cooperative, Inc. Trust may consider this statement as continuing to be true and correct until written notice of a change is provided. The Medina Electric Cooperative, Inc. 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
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