

CONTRIBUTION REQUEST FORM

The requests made of Cordova Electric Cooperative, Inc. will be considered on the following criteria:

Organization Name: _____

Address of Principal Office: _____

City: _____ State: _____ Zip: _____ Phone: _____

Person making contact/request: _____

Executive or Chief Staff Director: _____

Incorporated as Non-Profit Organization: Yes [] No []

If yes, a copy of the Department of Treasury 501c3 form is required.

1. Please describe the need, i.e., personnel/equipment, number of hours, monetary request?

2. What is the monetary fund raising goal? _____

3. How will this benefit Cordova Electric Cooperative, Inc. consumers? _____

4. Please describe how the monies are used. _____

Form Prepared by: _____
Name Title

Signature Date

Cordova Electric Cooperative, Inc. reserves the right to deny any request without stating its reasons for such denial.

FOR OFFICE USE ONLY:

APPROVED [] AMOUNT \$ _____ DENIED [] DATE: _____

BY: _____

ADDITIONAL INFORMATION: