

Operation Round Up Charitable Fund

Application for Donation For Emergency/Disaster

1. Name of Organization or Individual: _____

2. Address: _____
Street or PO Box City State Zip

3. Phone Number: _____
Work Home

4. Contact Person: _____
Name Title

5. Are you requesting funding exempt from payment of income tax?
Yes _____ No _____ If yes, a copy of the letter (Form 501 [c]3) from the
Internal Revenue Service must be attached.

6. Describe emergency or disaster making this request necessary:

7. State purpose of request: (Include amount requested and specifics of how funds
will be used.)

The information contained in this statement is for the purpose of obtaining funding from the Nishnabotna Valley REC Operation Round Up Charitable Fund on behalf of the undersigned. Each undersigned understands that the information provided herein is used in the decision to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Nishnabotna Valley REC may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Nishnabotna Valley REC is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization or Individual

Signature of Representative or Individual

Date