

Parke County REMC Donation Request Application

(Under \$100)

Please complete this form and return 3 copies to our office for all donation requests that are under \$100. We will review the requests on the third Wednesday of every month.

General Information

Are you applying for a donation for a non-profit organization? (Yes or No)	
If yes, please fill in the information below for the non-profit. If no, please continue to Contact Information.	
Address 1:	
Address 2:	
City:	
State:	
Zip:	
County:	

Contact Information

First Name:	
Middle Initial:	
Last Name:	
Title (If for an organization):	
Work Phone:	
Cell Phone:	
Email Address:	

Donation Request Information

Have you received a donation from Parke County REMC in the past? (Yes or No)	
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Requested Donation Amount:	
Total Donation Goal:	
Title of Project/Program:	
What is the total number of people who will benefit from the overall potential impact of the donation? Please provide an explanation, if possible.	
Please describe your project in detail, including what the donation money will be used for.	

Declaration and Compliance

From my knowledge, I state that the information given in this application is true and correct.	
Electronic Signature	
Full Name:	
Signature Date:	