

BROWN COUNTY RURAL ELECTRIC TRUST
PO BOX 529
SLEEPY EYE, MN 56085-0529
Phone: (507) 794-3331
Fax: 507-794-4282

APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. Name _____
Last First Middle Initial

2. Other Members of Household

Last Name	First Name	M.I.	Relationship
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____

3. Address _____
Street or PO Box

City State Zip Code

4. Phone Number _____
Work Home

5. Employer of those listed in No. 1 and No. 2:

1) _____	_____
Name	Supervisor
_____	_____
Address	Phone
2) _____	_____
Name	Supervisor
_____	_____
Address	Phone

6. Reason for Donation Request: (Include amount requested and specific use of funds).

7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes____ No____

If yes, please list:

The information contained in this statement will be confidential and is for the purpose of obtaining funding from the Brown County Rural 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 the Brown County Rural Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Brown County Rural Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

NAME OF APPLICANT/RECIPIENT

SIGNATURE

DATE