



**Brown County Rural Electrical Association**

24386 State Hwy. 4  
PO Box 529  
Sleepy Eye, MN 56085

**Donation of Membership Fee**

**Ownership of Membership Fee**

Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

**Donation Election**

Regarding the customer account above, I am (We are):

the account owner (s).

or  the legal representative of all the beneficiaries who would be entitled to a distribution.

I (we) hereby elect to donate the membership fee refund that is payable to the above account to the following charitable organization:

Name: Brown County Rural Electric Association Operation Round-Up®

Street or Box: P.O. Box 529

City-State-Zip: Sleepy Eye, MN 56085-0529

I (we) will indemnify and hold Brown County REA harmless against any subsequent claims to these funds.

\_\_\_\_\_  
Signature Date Printed Name

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
Joint Signature (if applicable) Date Printed Name

\_\_\_\_\_  
Address (if different) Phone