FARMERS ELECTRIC COOPERATIVE, INC OPERATION ROUND-UP PROGRAM (800) 397-4821

2389 Hwy 92 PO Box 330 Greenfield, IA 50849

APPLICATION FOR DONATION FOR INDIVIDUAL/FAMILY

Name:			(#1)	
Other Members of Househo	ld:			
Last Name	First		Relationship	
a				(#2)
b				
c				
d				
e				
Address: Street or Post C	Office Box			
City of Town	}	State	Zip Code	
Phone Number:				
Home	•	Work		
Employer(s) of those listed	in No. 1 and 2 above:			
(1)				
Name of Employer	Superv	isor		
Address	Phone			

a)		
Name of Employer	Supervisor	
Address	Phone	
2b)		
2b) Name of Employer	Supervisor	
Address	Phone	
	financial need and the specific use of funds.	

Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? YesNo
If yes, please list
J, F
The information in this statement is for the purpose of obtaining funding from the Farmers Electric Cooperative, Inc.'s Operation Round-Up Program 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 Farmers Electric Cooperative Inc.'s Operation Round-Up Program may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Farmers Electric Cooperative, Inc. Operation Round-Up Program is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.
SIGNATURE OF APPLICANT/RECIPIENT DATE