

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 Household:

	Last Name	First	Relationship
a.	_____ (#2)		
b.	_____		
c.	_____		
d.	_____		
e.	_____		

Address: _____
Street or Post 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	Supervisor
_____	_____
Address	Phone

(2a) _____
Name of Employer

Supervisor

Address

Phone

(2b) _____
Name of Employer

Supervisor

Address

Phone

Please provide a detailed statement explaining the reason for your request (i.e. house fire, health situation), your financial need and the specific use of funds.

[illegible]

[illegible]

If yes, please list _____

SIGNATURE OF APPLICANT/RECIPIENT