

Operation Round Up[®]

Jasper-Newton Electric Cooperative, Inc.
812 South Margaret Avenue
Kirbyville, Texas 75956
409-423-2241

APPLICATION FOR DONATION For ORGANIZATION/AGENCY/GROUP

1. Name of Organization: _____

2. Address: _____
Street or Post Office Box

City or Town

State

Zip Code

3. Phone Number: _____
Work Home

4. Contact Person: _____
Name Title

5. Organization Tax ID Number (**REQUIRED**): _____

6. Number of individuals, families or groups served in Jasper or Newton Counties in last year:

7. Does organization/agency/group serve outside Jasper or Newton Counties?

Yes____ No____

If yes, please provide information on number of recipients served and location.

8. State Purpose of (organization/agency/group) Request: (Include amount requested and specifics of how funds will be used.)

9. List other sources of funding that may be used for this request as described in the above:

The information contained in this statement is for the purpose of obtaining funding from Operation Round Up® on behalf of the undersigned. The undersigned understands that the information provided herein is used in deciding to grant funding, and the undersigned represents and warrants that the information provided is true and complete and that the Operation Round Up® Committee may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Operation Round Up® Committee is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein. Additional documentation may be requested as needed.

OFFICE USE ONLY
APPROVAL

District No. _____

Date: _____

Amount: _____

NAME OF ORGANIZATION/AGENCY/GROUP

SIGNATURE OF REPRESENTATIVE

DATE