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.

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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 _____

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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