

**APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY**

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_

City or Town	State	Zip Code
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3. Phone Number: \_\_\_\_\_

Work	Home
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4. Contact Person: \_\_\_\_\_

Name	Title
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5. Is organization requesting funding exempt from payment of income tax:

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, a copy of letter (Form 501C3) from Internal Revenue Service must be attached.

6. A copy of financial statement(s) for most previous year should be provided.

a. Statement attached: \_\_\_\_\_

7. Number of individuals, families or groups served in Cook County last year: \_\_\_\_\_

8. Does agency service outside Cook County: Yes \_\_\_\_\_ No \_\_\_\_\_

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

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Address City State Zip Code

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Name Phone

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Address City State Zip Code

**The information contained in this statement is for the purpose of obtaining funding from the Arrowhead Electric Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Arrowhead Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Arrowhead Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.**

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**Name of Organization**

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**Signature of Representative**

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**Date**