

KANDIYOHI POWER CHARITABLE TRUST
8605 47TH Street NE
PO Box 40
Spicer, MN 56288

APPLICATION FOR DONATION

Name: _____ **Date:** _____

Address: _____
(Street) _____ (City)

(State) _____ (Zip code) **Phone:** _____

Organization: _____ **Phone:** _____

Address: _____
(Street) _____ (City, State, Zip) _____ (County)

_____ **Profit** _____ **Non-Profit** **If Non-Profit, is it 201-C3?** _____ **Yes** _____ **No**

Type of Request: _____ **Personal** _____ **Group** _____ **Community**

Dollar Amount Needed: _____ **Dollar Amount Requested:** _____

Date When Funds Are Needed: _____

Please list reasons why funds are needed: _____

How will this benefit the community or area? _____

Are requested funds available through other sources? _____ **Yes** _____ **No**
If yes, please list: _____

Other information you would like to share: _____

Please list three (3) references:

(Name)

(Phone)

(Address)

(City, State, Zip)

(Name)

(Phone)

(Address)

(City, State, Zip)

(Name)

(Phone)

(Address)

(City, State, Zip)

The information contained in this statement is for the purpose of obtaining funding from the Kandiyohi Power Charitable 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 Kandiyohi Power Charitable Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Kandiyohi Power Charitable Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

(Signature)

(Title)