

**OAKDALE ELECTRIC COMMUNITY FUND
OPERATION ROUND-UP® TRUST**

Post Office Box 40
Oakdale, WI 54649

**APPLICATION FOR DONATION
FOR INDIVIDUAL AND/OR FAMILY**

1. Name: _____
Last First Middle

2. Other Members of Household:

	Last Name	First	Middle	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
e.	_____	_____	_____	_____

3. Address: _____
Street or Post Office Box

_____ City or Town State Zip Code

4. Phone Number: _____
Home Work

5. Employer of those listed in No. 1 and No. 2a above:

(1) _____
Name Supervisor

_____ Address Phone

(2a) _____
Name Supervisor

_____ Address Phone

6. Reason for Request for Donation: (Include amount requested and specific use of funds.)

Amount Requested: _____

7. 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:

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

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE