SOUTHWEST IOWA RURAL ELECTRIC COOPERATIVE OPERATION ROUND-UP PROGRAM

(888) 220-4869

Corning Mount Ayr Stanton

1801 Grove Avenue1502 W. South Street415 Broad AvenueCorning IA 50841Mount Ayr IA 50854Stanton IA 51573

APPLICATION FOR DONATION FOR INDIVIDUAL/FAMILY

Name:		(#1)	
Other Members of Househol	ld:		
Last Name	First	Relationship	
a			(#2)
b			
c			
d			
e			
Address:			
Street or Post O	ffice Box		
City of Town	Sta	ate Zip Coo	de
Phone Number:			
Home		ork	
Employer(s) of those listed i	n No. 1 and 2 above:		
(1)			
Name of Employer	Superviso	or	
Address	Phone		

Name of Employer	Supervisor
Address	Phone
(2b)	
(2b) Name of Employer	Supervisor
Address	Phone
	ur financial need and the specific use of funds.

Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? YesNo
If yes, please list
The information in this statement is for the purpose of obtaining funding from the Southwest Iowa REC 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 Southwest Iowa REC 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 Southwest Iowa REC 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