



Donation Application

Name: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

This request fits within the following category:

Rural school system Community organization Extraordinary needs

Tax ID #: _____

Does the organization have tax-exempt status? Yes No

Amount Requested: _____

Please describe the project or purpose for which you are requesting funding, explain how the money would be used, who would benefit, and the expected results (you may attach brochures or other supplemental information on your organization or situation):

I certify that all the information on this application is accurate. I will submit a follow-up report on use of the donation within one year from receipt of the funds.

Signature of Applicant: _____

Date: _____

Send the completed application to: Executive Assistant, Donations Committee, Valley TeleCom Group, 752 E. Maley, Willcox, AZ 85644.

Official Use Only

Request Funded Date: _____ Amount Funded: _____ GL Code: _____

Signature of Donation Committee Member: _____