

## **CVEA CONTRIBUTION REQUEST FORM**

| This form is a <b>requirement</b> . For | rm letters, em | ails, and phone s | solicitations will | not be accepted. |
|---|----------------|-------------------|--------------------|------------------|
| Organization Name:                      |                |                   |                    |                  |
| Is this organization a nonprofit?       | Yes            | No                |                    |                  |
| Are you an individual?                  | Yes            | No                |                    |                  |
| Are you a religious organization?       | Yes            | No                |                    |                  |
| Are you a political organization?       | Yes            | No                |                    |                  |
| Contact Name:                           |                |                   |                    |                  |
| Contact Address:                        |                |                   |                    |                  |
| Contact Phone:                          | (              | Contact Fax:      |                    |                  |
| Cell Phone:                             | Contact Email: |                   |                    |                  |
| Organization Mission:                   |                |                   |                    |                  |

Request for Support (Please be specific & include financial, in-kind product, or service requests.):

Event Description (required if donation will support a specific event/activity):

 Briefly explain how you believe your organization or event will benefit the public welfare or have a charitable, educational, or scientific value for a broad segment of the CVEA membership:

Describe any benefits available to CVEA, such as program advertising, logo recognition on event collateral, verbal mention during event, etc.:

| This organization has received a contribution from CVEA in the past:     | Yes        | No  |
|--|------------|-----|
| If yes, please indicate the date of past donation:                       |            |     |
| Also, please explain how that former donation was used to benefit your o | rganizatic | on: |

If more space is needed for any of the fields above, please feel free to submit additional pages. Supplemental information in support of your event, project, or program may also be provided.

Please submit this completed form to:

Copper Valley Electric AssociationATTN: Amanda ShipmanPO Box 45orPO Box 45orGlennallen, AK 99588Valdez, AK 99686

You may also submit the form via email to <u>ashipman@cvea.org</u> or drop it off at either office location.

| For Office Use Only:       |
|----------------------------|
| Donation (circle one): Y N |
| Description:               |
|                            |
| Reason:                    |
|                            |