

## CVEA CONTRIBUTION REQUEST FORM

This form is a **requirement**. Form letters, emails, and phone solicitations will not be accepted.

Organization Name:			
Is this organization a nonprofit?	Yes	No	
Contact Name:			
Contact Phone:	Cont	tact Fax:	
Cell Phone:	Contact Ema	ail:	
Organization Mission:			
Request for Support (Please be sp	ecific & include f	financial, in-kind product, or service requests.):	,
Event Description (required if dor	nation will suppor	t a specific event/activity):	
Event Date(s):  Estimated Number of Attendees on			
Event Audience/Participant Demo	oranhics:		

Estimated dollar amount event is expected to raise:
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: yesno
If yes, please indicate the date of past donation: Also, please explain how that former donation was used to benefit your organization:
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 Association ATTN: Sarah Jorgenson-Owen PO Box 45 or PO Box 927 Glennallen, AK 99588 Valdez, AK 99686
Or email to sjorgensonowen@cvea.org Or drop off at either office location.
For Office Use Only:
Donation (circle one): Y N
Description:
Reason: