



CVEA CONTRIBUTION REQUEST FORM

****This form is required for all contribution requests****

Organization Name: _____

Is this organization a non-profit? Yes _____ No _____

Contact Name: _____

Contact Address: _____

Contact Phone: _____ Contact Fax: _____

Cell Phone: _____ Contact Email: _____

Organization Mission:

Request for Support: (please be specific and include financial, in-kind product or service requests)

Event description: (required if donation will support a specific event or activity)

Event date: _____

Estimated number of event attendees: _____

Event audience demographics: _____

Est. dollar amount the event is expected to raise: \$ _____

Brief explanation of 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:

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

Our organization has received a donation from CVEA in the past: yes _____ no _____

If yes, please indicate date of past donation _____

If yes, please indicate how it was used to benefit your organization

Please mail completed form to:
Copper Valley Electric Association
Sharon Crisp, Director of Communications
P.O. Box 45
Glennallen, AK 99588

Fax to 835-4328 Or email to crisp@cvea.org

For Office Use Only:

Donation (circle one): Y N

Description: _____

Reason: _____
